

Name  
in  
Full

Ethel A Angell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Toneytown</i>		Town <i>Toneytown</i>		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>8</i>	Day <i>15</i>	Age <i>1</i>	Years <i>1</i>	Months <i>6</i>	Days <i>25</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Arthur Angell</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mamie Zimmerman</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Arthur Angell</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>3 day</i>
Immediate	<i>Bowel Infection &amp; Exacerbation</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Charles B. Best</i>		
	Address <i>Toneytown Ind.</i>		
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

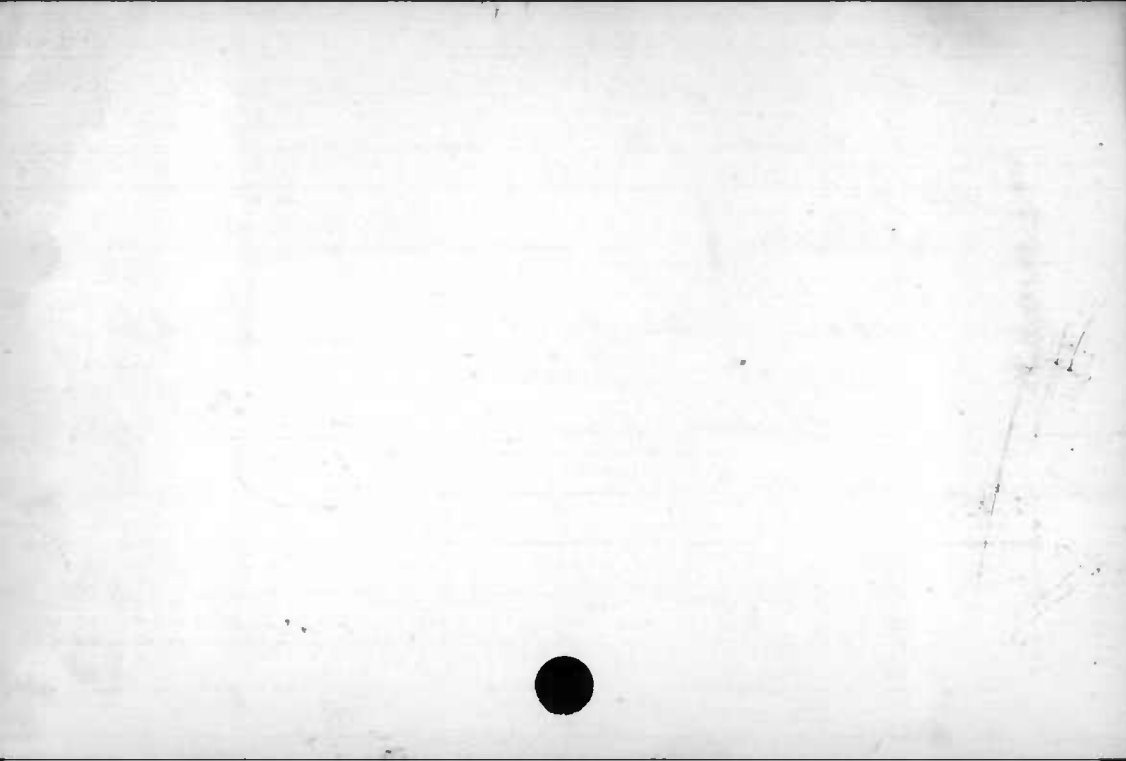
Name in Full <b>Sarah Ann Annacost.</b>		Town <b>Hampstead</b>		County <b>Carroll</b>		MARYLAND	
Died at <b>Hampstead</b>		Month <b>8</b>		Day <b>10</b>		Age Years <b>52</b> Months <b>8</b> Days <b>23</b>	
Date of death <b>1907</b>		Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Westminster, Md</b>	
Occupation <b>Housewife</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Widowed</b>		Name of Husband <b>George W. Annacost</b>					
Father's Name <b>Thomas Hains</b>		Father's Birthplace <b>Md.</b>					
Mother's Maiden Name <b>Sarah Brumhall</b>		Mother's Birthplace <b>Md.</b>					
Name of person giving information <b>Geo. W. Annacost</b>		How related to deceased <b>Husband</b>					

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <b>Acute Indigestion</b>		How long <b>5 yrs.</b>	
Immediate <b>Chronic Gastritis</b>		How long <b>4 mos.</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes.</b>		Signature of Physician <b>Edgar M. Bush M.D.</b>	
Address <b>Hampstead, Md</b>		Accident or Suicide? <b>No</b>	



Name

in  
Full

Lisbon I Anthony

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Better Town Carroll County MARYLAND

Date of death 1907 Aug Month 11 Day 73 Years 10 Months 1 Days

Sex Male Color or Race White Birth-place New Jersey

Married, Single or Widowed Widowed Occupation Miller

Name of Wife or Husband Termina Anthony deceased

Father's Name William Anthony Father's Birthplace Unknown

Mother's Maiden Name Rhoda Mother's Birthplace Unknown

Name of person giving information William I Anthony How related to deceased Son

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Chronic Nephritis How long Several yrs

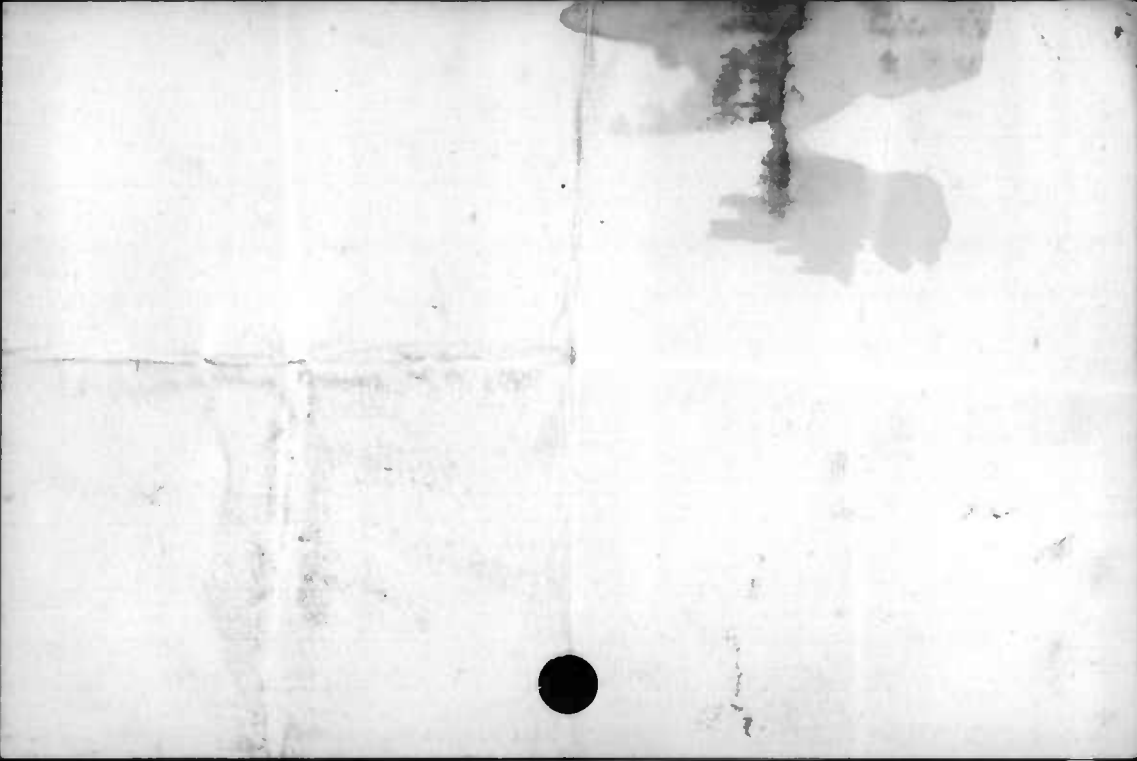
Immediate Uremia How long Two weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician ED Cronk

Address Winfield  
Carroll Co

Accident or Suicide?



Name  
in  
Full

Abraham S. Bankert

236  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brunnells		County Carroll		MARYLAND	
Date of death	1907	Month August	Day 28	Age 26	Years	Months 5	Days 15
Sex	Male		Color or Race	White		Birth- place	Carroll Co. Md
Occupation	Laborer			Where Residing if not at place of death		Home	
Married, Single or Widowed	Married		Name of Wife or Husband		Plattie M Bankert		
Father's Name	Abraham Bankert				Father's Birthplace	Carroll Co Md	
Mother's Maiden Name	Margaret Shafer				Mother's Birthplace	" " "	
Name of person giving Information	Abraham Bankert				How related to deceased	Father	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis Pulmonalis -		How long	8 Months
Immediate	Respiratory Failure		How long	10 Hours -
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	A. Luther Bann
			Address	Westminster Md -
Accident or Suicide?				

Leistens Cemetery,  
Mower.

Name  
in  
Full

Margaret Barnes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *General* <sup>Town</sup>*Carroll* <sup>County</sup>

MARYLAND

Date of death *1907 Aug* <sup>Month</sup>*31* <sup>Day</sup>Age <sup>Years</sup>

Months

*3* <sup>Days</sup>Sex *Female*Color or  
Race*White*Birth-  
place*Fryland*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Clayton Barnes*Father's  
Birthplace*Maryland*Mother's  
Maiden Name*Unknown*Mother's  
Birthplace*Unknown*Name of person giving  
In formation*Clayton Barnes*How related  
to deceased*Father*

## CAUSES OF DEATH

*151*

Primary

*Cataractal Janu dies*

How long

*One day*

Immediate

*3 p.m.*

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*W. D. E. Stoff*

Address

*Union Bridge  
Md.*

Accident or Suicide?

Margaret Paul

Name  
in  
Full

Olis Clifton Beall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

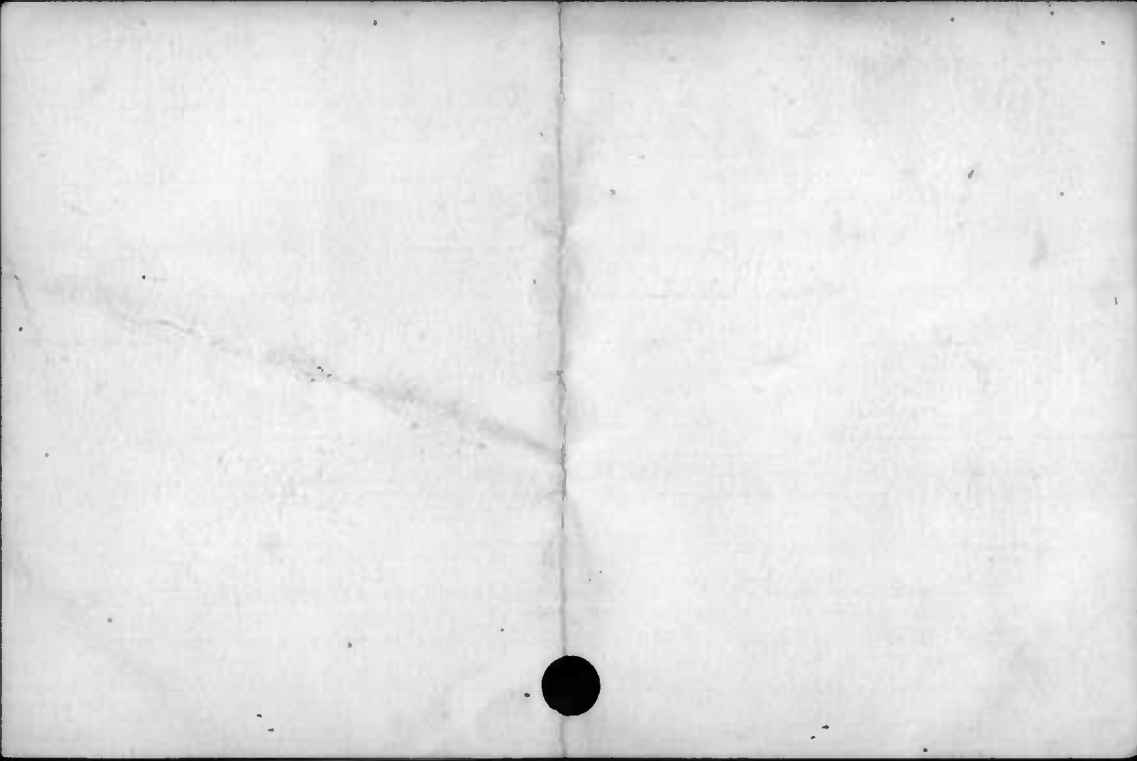
Died at		Town Mt. Airy		County Carroll		MARYLAND	
Date of death		1907	Month Aug	Day 27	Age —	Years 8	Months 4
Sex Male		Color or Race white American		Birth-place Mt. Airy, Md.			
Occupation Infant				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Elisha N. Beall				Father's Birthplace York Market Ind. Co Md			
Mother's Maiden Name Mary Catherine Cutsail				Mother's Birthplace Smithtown Ind.			
Name of person giving information Elisha N. Beall				How related to deceased Father			

CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary Whooping Cough		How long 5 weeks
Immediate asphyxiation		How long short time
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician L. E. Bromwell
		Address Mt. Airy, Md.
Accident or Suicide?		



Name  
in  
Full

Carl Baile

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

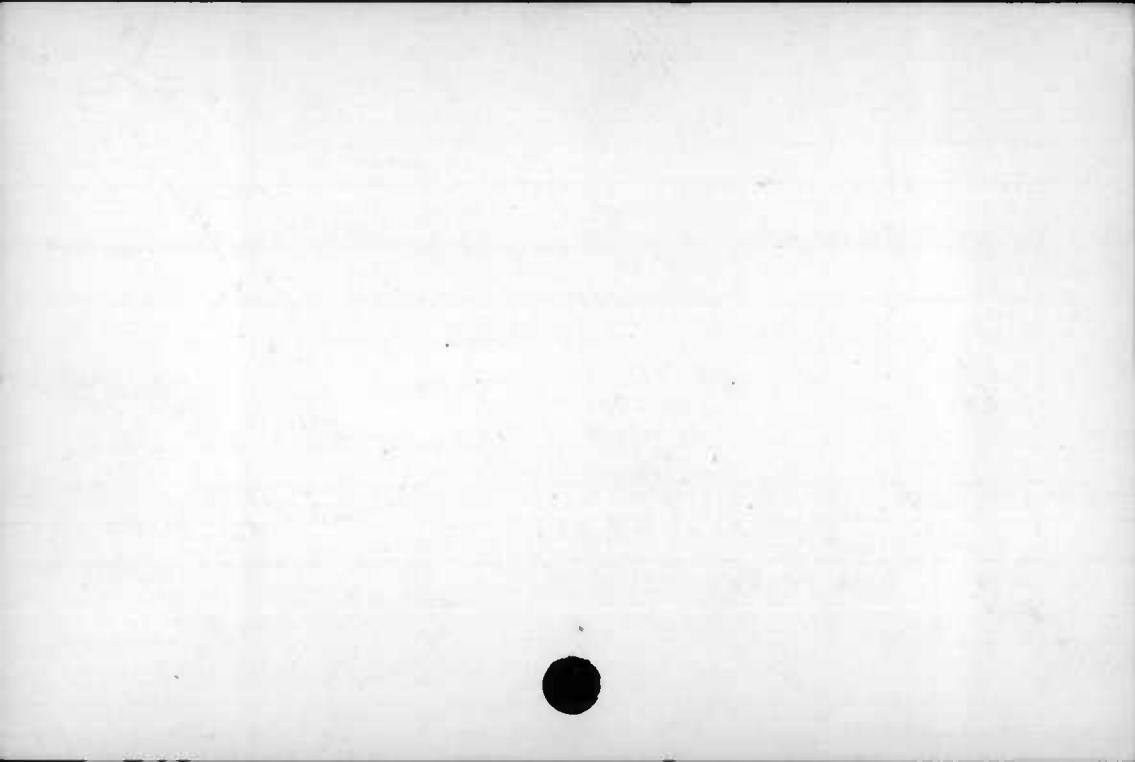
Died at <i>Medford</i> <sup>Town</sup>		<i>Cornell</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>August</i>	Day <i>20</i>	Age <i>0</i> Years	Months <i>7</i> Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Medford.</i>		
Occupation <i>none</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>single-</i>	Name of Wife or Husband				
Father's Name <i>Jesse Baile</i>	Father's Birthplace <i>Maryland.</i>				
Mother's Maiden Name <i>Maryant Magle</i>	Mother's Birthplace <i>Maryland.</i>				
Name of person giving information <i>Jesse Snider</i>	How related to deceased <i>Son in law,</i>				

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Enteric Colitis</i>	How long <i>7 days.</i>
Immediate	<i>Convulsions</i>	How long <i>3 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur Leath</i>	Address <i>New Windsor Maryland.</i>
Accident or Suicide? <i>_____</i>		



Name  
in  
Full

Anna M. Burgoon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

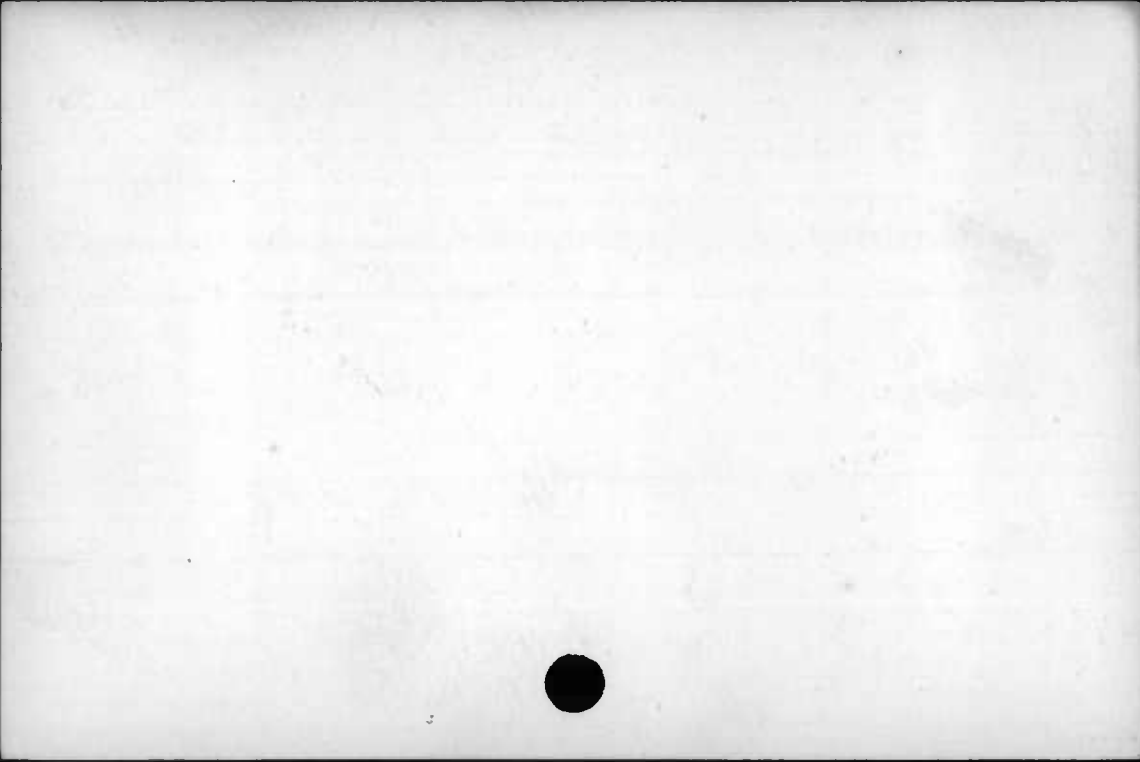
Died at <i>Taneytown Dist</i>			County <i>Carroll</i>			MARYLAND		
Date of death		Month	Day	Age	Years	Months	Days	
1907		8	20	54		0	29	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>				
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Baltimore "</i>						
Married, <del>Single</del> <i>married</i>		Name of <del>Wife</del> <i>Wm J Burgoon</i> Husband						
Father's Name <i>Henry Shaffer</i>		Father's Birthplace <i>Md</i>						
Mother's Maiden Name <i>Anna M. Troyer</i>		Mother's Birthplace <i>Md</i>						
Name of person giving information <i>Mrs Eli Sutter</i>		How related to deceased <i>Sister</i>						

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>18 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. H. Lewis</i>	
		Address <i>Taneytown Md.</i>	
Accident or Suicide? <i>No</i>			



Name  
in  
FullSarah C. Clary  
Twp  
Mt Airy

## CERTIFICATE OF DEATH

Died at

County

Carmell

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

Aug

15-

Age

64

4

Sex

Female

Color or  
Race

White American

Birth-  
place

Frederick Co

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

James C. Clary (Deceased)

Father's  
Name

Henry Hood

Father's  
Birthplace

Frederick Co

Mother's  
Maiden Name

Julia Brashers

Mother's  
Birthplace

Fredk. Co

Name of person giving  
information

Mrs John Wilson

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Chronic Nephritis

How long

3 yrs

Immediate

Acute Nephritis

How long

1 wk.

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

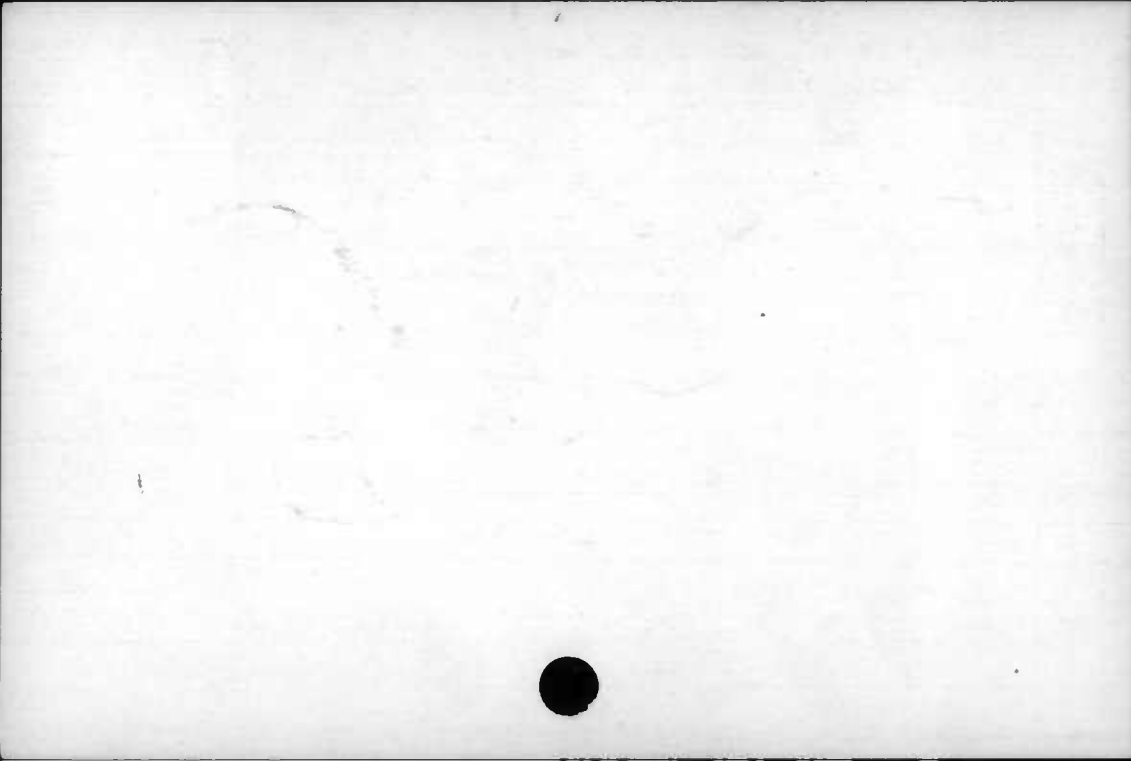
W. E. Zover

Address

Mt Airy Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

Alire Jane Duttera

Town

County

MARYLAND

Died at

Silver Run

Garnoll

Date

of death

190

Aug

Month

Day

Age

Years

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Silver Run

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

John W. Duttera

Father's  
Birthplace

Silver Run

Mother's  
Maiden Name

Jennie M. Hollinger

Mother's  
Birthplace

Hennish Ind.

Name of person giving  
Information

John W. Duttera

How related  
to deceased

Father

CAUSES OF DEATH

157

Primary

Premature birth

How long

Immediate

Cerelectasis

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

G. Lewis Wetzel M.D.

Address

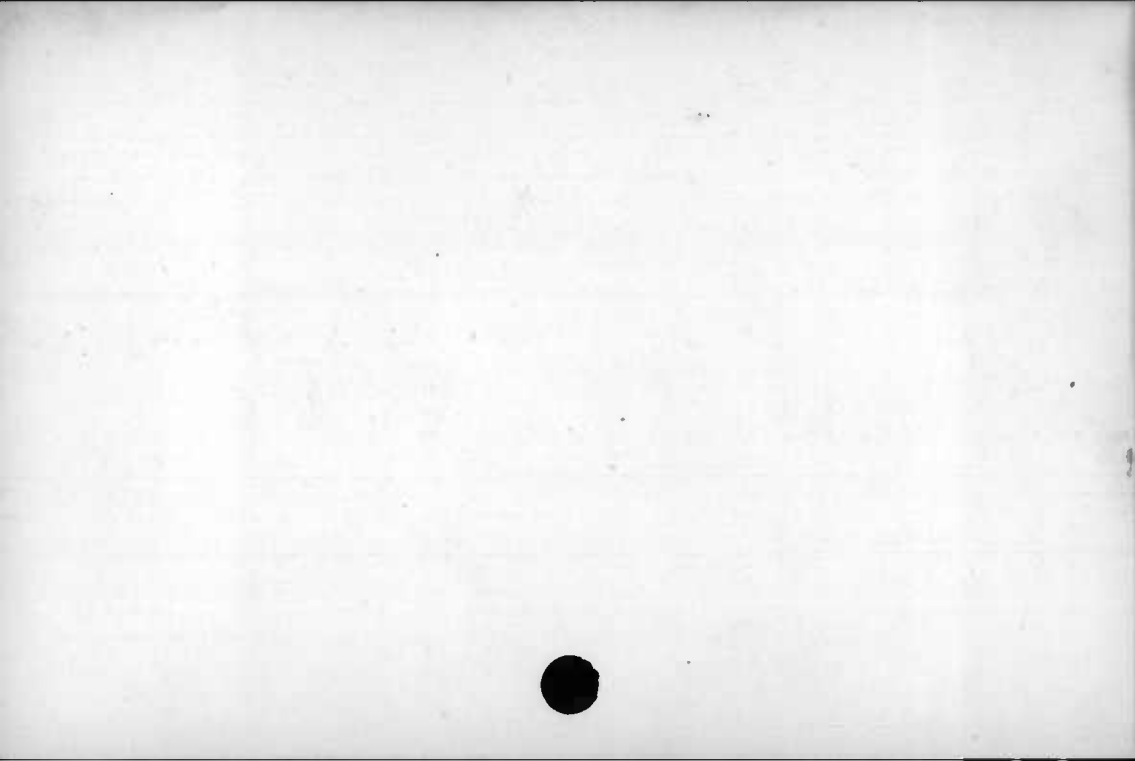
Union Mills

Accident or Suicide?

Ind.

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elizabeth Eck.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

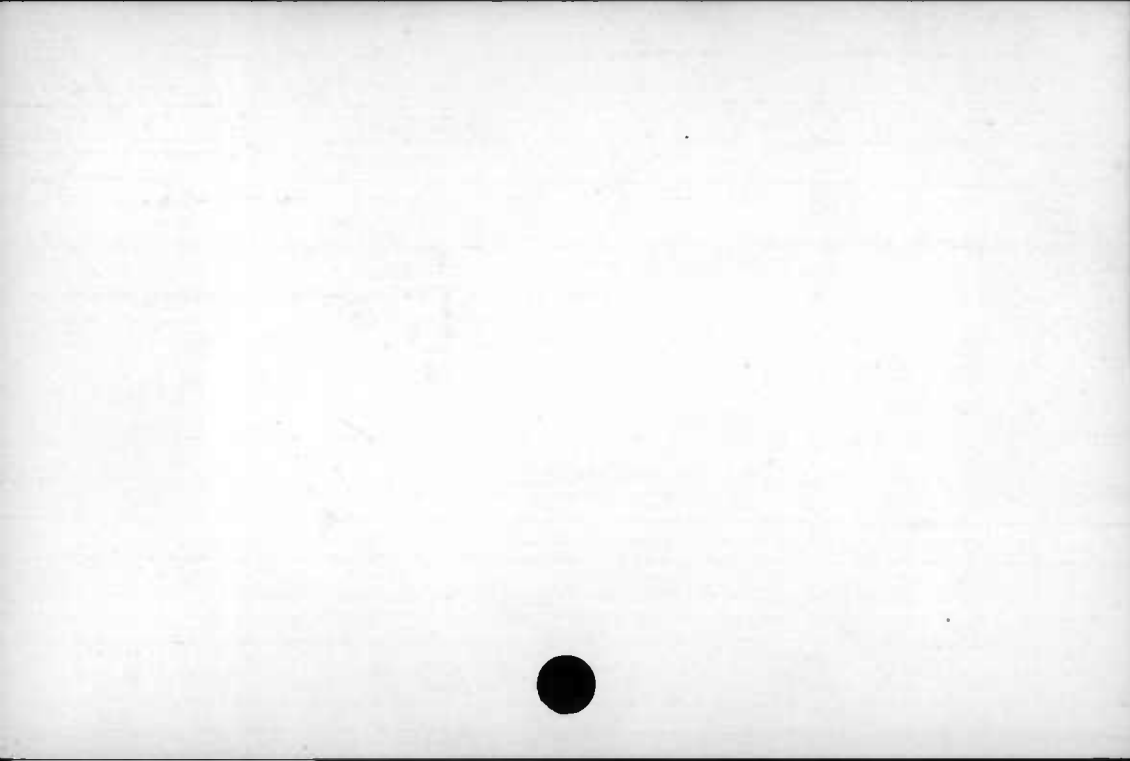
Died at <sup>Town</sup> <i>Washburn</i>		<sup>County</sup> <i>Cannell</i>		MARYLAND	
Date of death	1907	Month	8	Day	23
Age		59	Years	1	Months
Sex		Female	Color or Race	White	Birth-place
Occupation		Housewife		Hessen, Germany	
Married, Single or Widowed		Single		Where Residing if not at place of death -X	
Name of <del>Widow</del> Husband		Joseph. Eck.		Father's Birthplace	
Father's Name		Adam Schmidt		Hessen, Germany	
Mother's Maiden Name		Unkown		Mother's Birthplace	
Name of person giving information		Joseph. Eck.		How related to deceased	
				Husband.	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Mitral Regurgitation</i>	How long	<i>10 yrs.</i>
Immediate	<i>Heart Failure</i>	How long	<i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		<i>Edgar M. Bush, M.D.</i>	
		Address	
		<i>Hampstead, Md</i>	
Accident or Suicide?			
<i>X</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

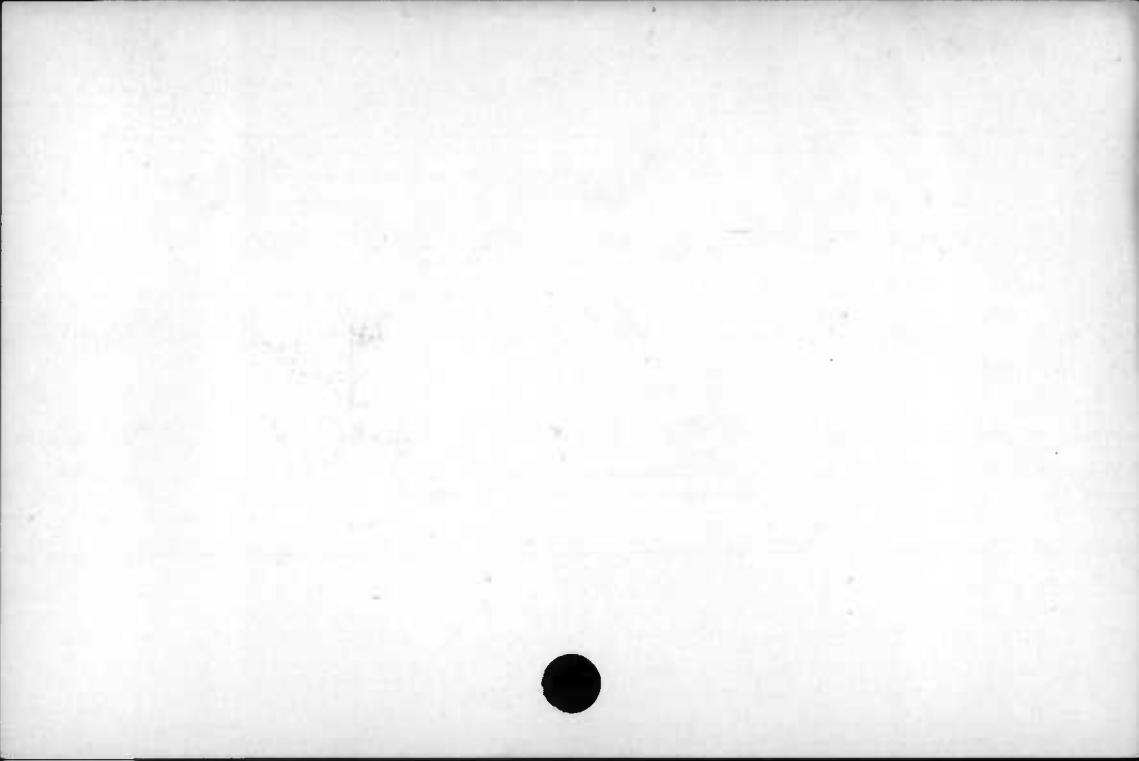
Died at <i>Detroit</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug.</i>	Day <i>24</i>	Age <i>60</i>	Months <i>2</i> Days <i>29</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Fred Co Md.</i>		
Occupation <i>Corporal</i>	Where Residing if not at place of death <i>at home</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Margaret Barton</i>				
Father's Name <i>William Fogle</i>	Father's Birthplace <i>Fred Co Md</i>				
Mother's Maiden Name <i>Elizabeth Whitman</i>	Mother's Birthplace <i>4 4</i>				
Name of person giving information <i>Mr. Margaret Fogle</i>	How related to deceased <i>wife</i>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Organic disease of heart</i>	How long <i>2 years</i>
Immediate <i>Heart failure &amp; edema</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Diller</i>
	Address <i>Detroit Maryland</i>
Accident or Suicide? <i>✓</i>	



Name  
in  
Full

Annie Louise

Fritz-

No 228  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at

Medford

Carroll

MARYLAND

Date

1907

Month

Aug

Day

8

Age

Years

Months

Days

Sex

Female

Color or  
Race

white-

Birth-  
place

Tmd

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Hamilton Fritz-

Father's  
Birthplace

Carroll Co Md

Mother's  
Maiden Name

Annie Young

Mother's  
BirthplaceName of person giving  
information

Hamilton Fritz-

How related  
to deceased

Father

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Diarrhea

How long

Five days

Immediate

Spasms

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

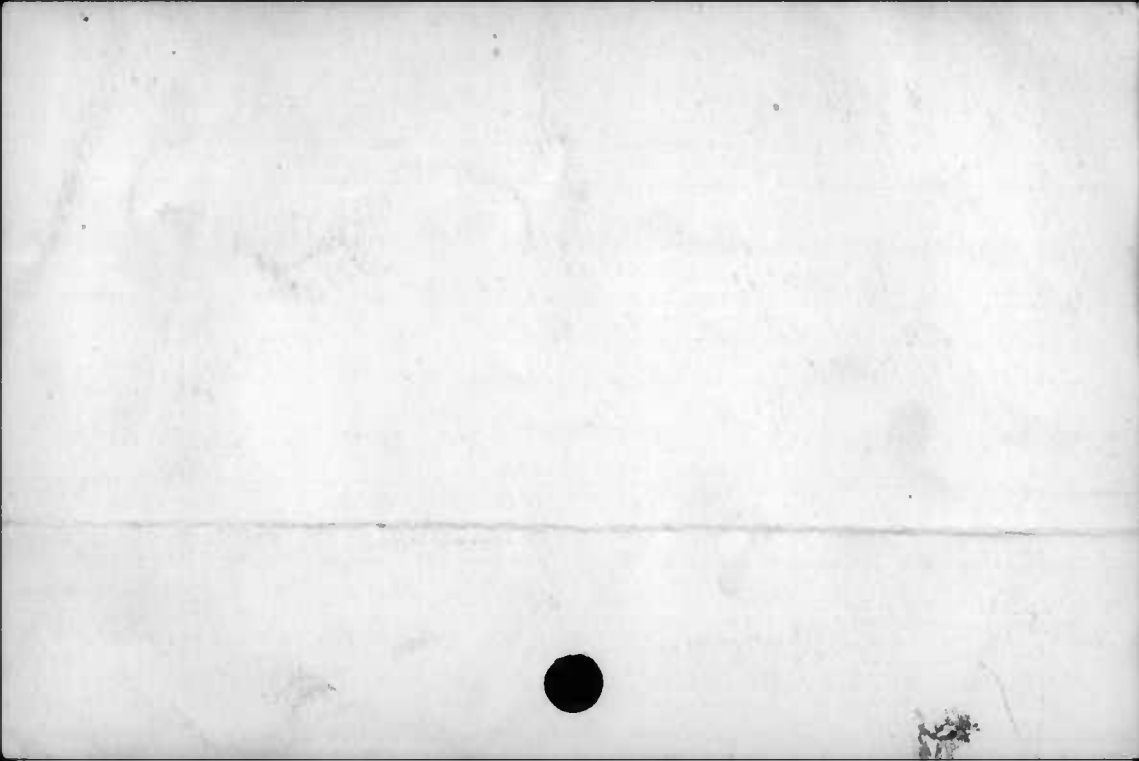
Ira E Whitehill M.D.

Address

New Windsor  
Md.

Accident or Suicide?

LIBRARY BUREAU A8818



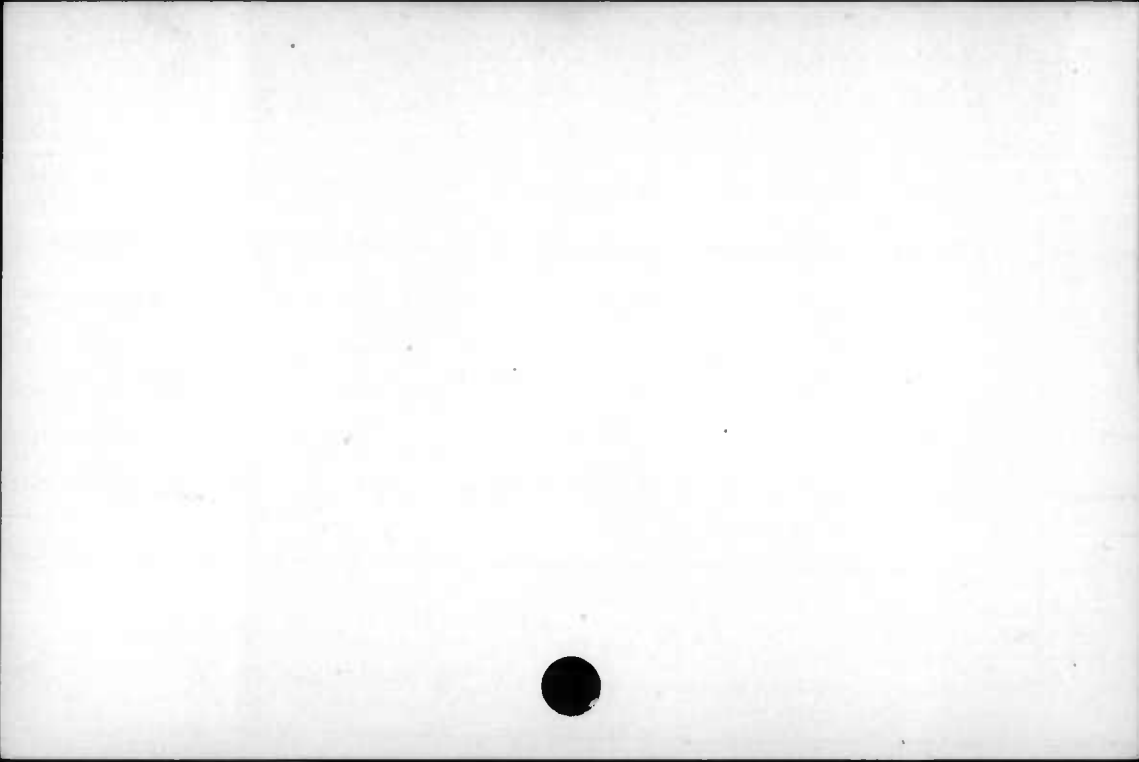
Name  
in  
FullNo 231  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>John Getchey</i> Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month	Aug	Day	23
Age	78	Years	78	Months	—
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Shoe maker		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Susan Rickel		
Father's Name	Michael Getchey		Father's Birthplace	France	
Mother's Maiden Name	Mary Schanley		Mother's Birthplace	France	
Name of person giving information	John Rickel		How related to deceased	Step. Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senility</i>	How long	<i>66</i>
Immediate	<i>Paralysis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas R. Fong</i>
		Address	<i>Westminster</i>
Accident or Suicide?	<i>No</i>		



Name  
in  
Full

Viola M Haines

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

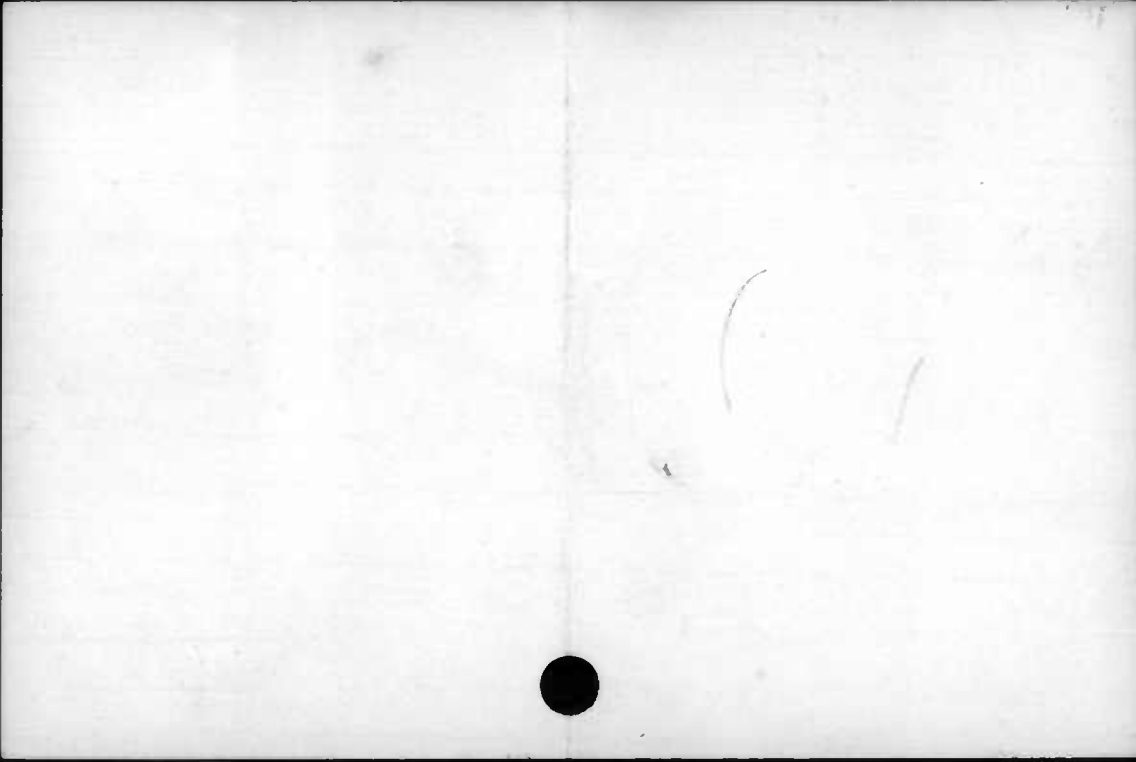
Died at <i>Mt Airy</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small>	<i>Aug</i> <small>Day</small>	<i>15</i> <small>Age</small>	<i>4</i> <small>Years</small>	<i>18</i> <small>Months</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Mt Airy</i>
Occupation			Where Residing if not at place of death <i>at Place of Death</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name			<i>Wm P Haines</i>		
Mother's Maiden Name			<i>Wanna D Esmerthy</i>		
Name of person giving information			<i>Wm P Haines</i>		
			Father's Birthplace <i>Carroll County</i>		
			Mother's Birthplace <i>Fredricks Co</i>		
			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

4

PHYSICIAN  
OR CORONER

Primary	<i>Chorea</i>	How long	<i>4 mos</i>
Immediate	<i>Cardiac Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A J Cronk</i>	
		Address <i>Taylorsville</i>	
		<i>Carroll County</i>	
Accident or Suicide?			



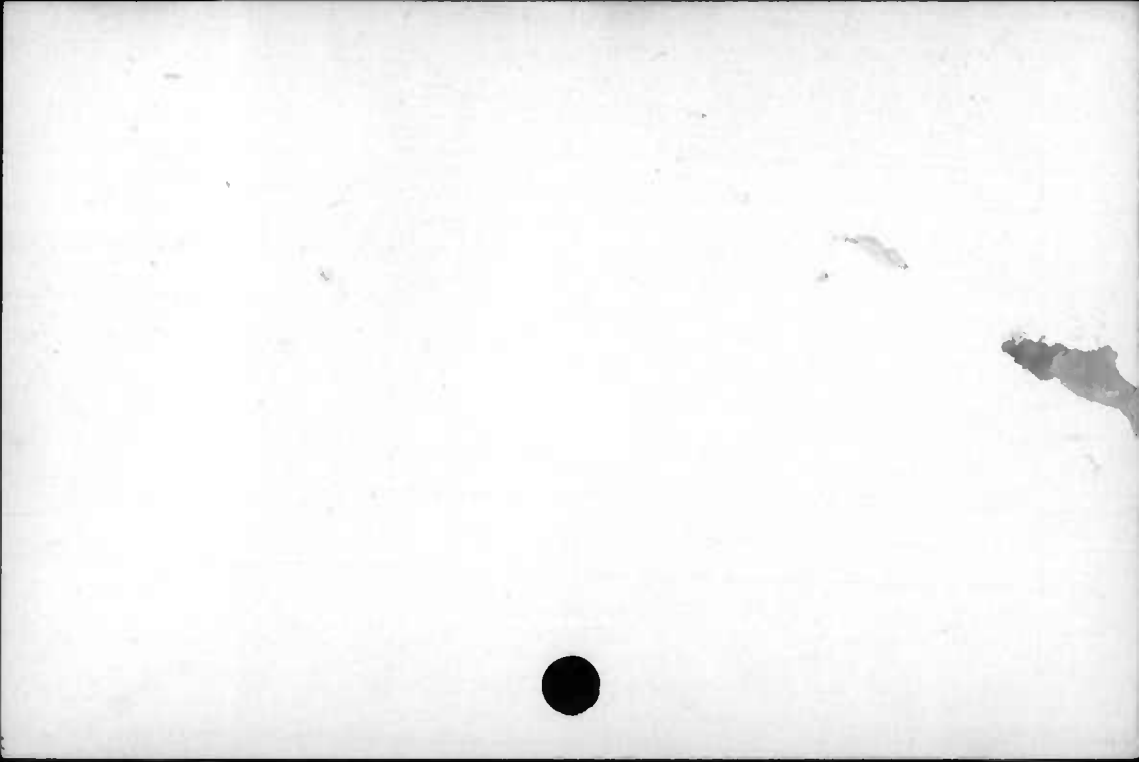
Name  
in  
FullNo 232  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1904</i> Month <i>August</i>	Day <i>5</i>	Age <i>86</i> Years	Months <i>11</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Westminster, Md.</i>			
Occupation <i>Retiree</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Basil Hayden</i>	Father's Birthplace <i>Westminster, Md.</i>				
Mother's Maiden Name <i>Annella Bucknigham</i>	Mother's Birthplace <i>Westminster, Md.</i>				
Name of person giving information <i>N. S. Baumgardner</i>	How related to deceased <i>Nephew</i>				

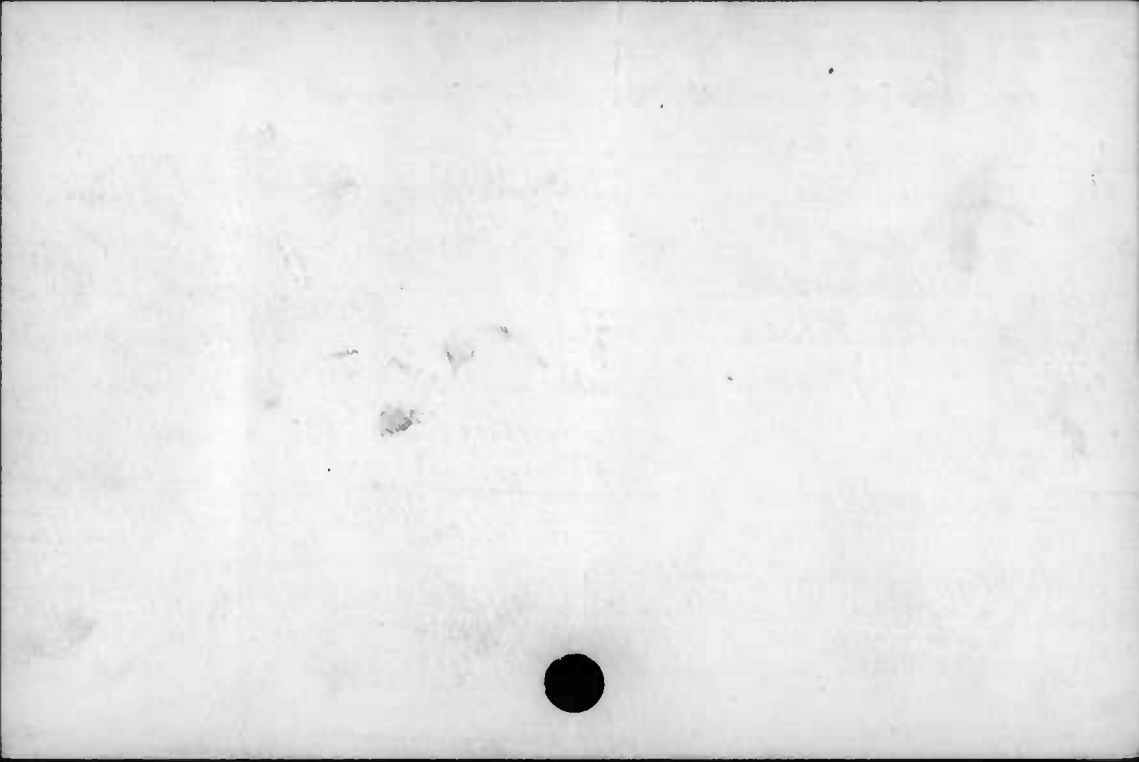
## CAUSES OF DEATH

Primary <i>Old age</i>	How long <i>66</i>
Immediate <i>Paralysis</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. J. Boonau</i>
	Address <i>Westminster</i>
Accident or Suicide? <i>—</i>	

PHYSICIAN  
OR CORONER



Name in Full <b>Leonard Horsey</b>		Town <b>Eldersburg</b>		County <b>Carroll</b>		CERTIFICATE OF DEATH	
Died <del>at</del> <b>Mar</b>		Month <b>July</b>		Day <b>20</b>		Years <b>1</b>	
Date of death <b>1907</b>		Month <b>July</b>		Day <b>20</b>		Age <b>1</b>	
Sex <b>Male</b>		Color or Race <b>Black</b>		Birth-place <b>Ind.</b>		Months <b>11</b>	
Occupation <b>none</b>		Where Residing if not at place of death <b>same</b>		Days <b>25</b>			
Married, Single or Widowed <b>—</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>Harvey Horsey</b>		Father's Birthplace <b>Ind.</b>					
Mother's Maiden Name <b>Florence Johnson</b>		Mother's Birthplace <b>Ind.</b>					
Name of person giving information <b>Florence Johnson</b>		How related to deceased <b>mother</b>					
CAUSES OF DEATH							
Primary <b>Broncho-pneumonia</b>		How long <b>4 days</b>					
Immediate <b>—</b>		How long <b>—</b>					
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>M. D. Horsey</b>		Address <b>Eldersburg</b>			
Accident or Suicide? <b>no</b>							



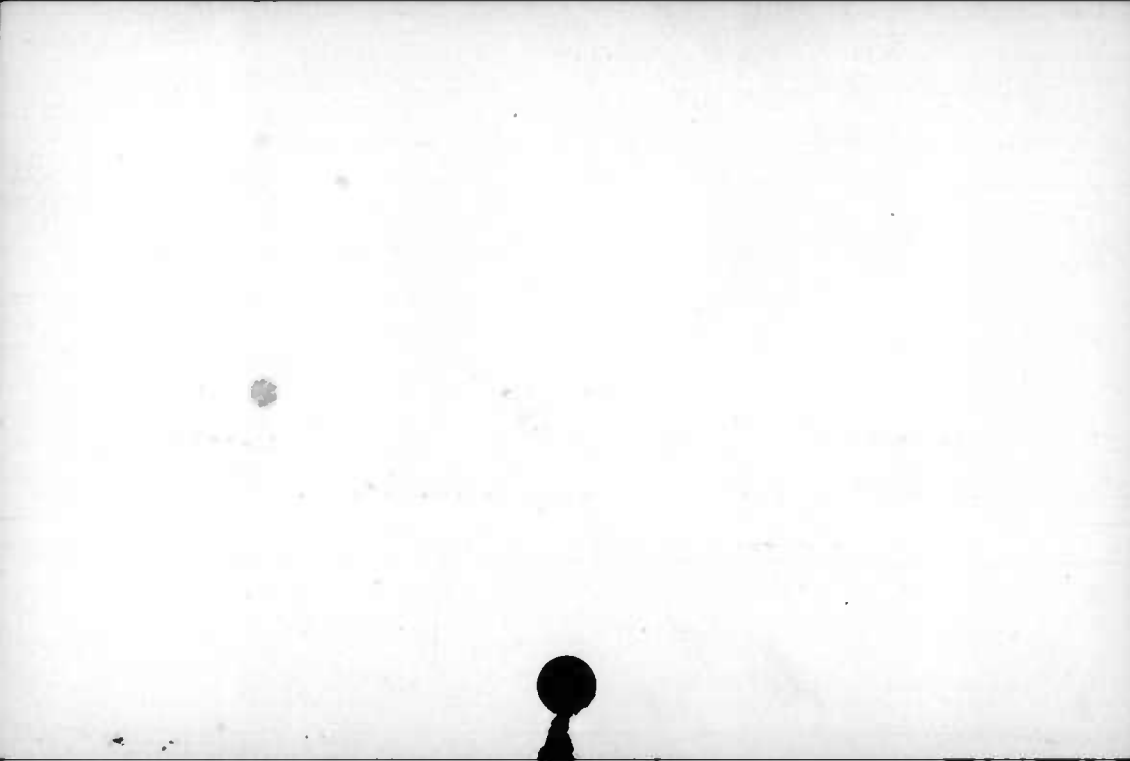
Name  
in  
FullNo 226  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1907</i>	<i>Aug</i>	<i>3</i>	<i>41</i>	<i>09</i>	<i>09</i>
Sex	Color or Race	Birth-place			
<i>Female</i>	<i>White</i>	<i>Maryland</i>			
Occupation	Where Residing if not at place of death				
<i>House Wife</i>					
Married, Single or Widowed	Name of Wife or Husband				
<i>Married</i>	<i>Mr John Lynch</i>				
Father's Name	Father's Birthplace				
<i>Clarence Cookson</i>	<i>Maryland</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Mary E Smith</i>	<i>17</i>				
Name of person giving information	How related to deceased				
<i>Mr John Lynch</i>	<i>Husband</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pregnancy</i>	How long	<i>134</i>	<i>nine month</i>
Immediate	<i>Heart Failure</i>	How long	<i>10 minutes</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>Yes</i>		<i>Thos. J. Coonan</i>		
		Address		
Accident or Suicide?				



Name  
in  
Full

Thomas F Martin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Tanysville* <sup>County</sup> *Carroll* **MARYLAND**

Date of death | 90 <sup>Month</sup> *7* <sup>Day</sup> *8* <sup>Age</sup> *71* <sup>Years</sup> *7* <sup>Months</sup> *14* <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *Mod*

Occupation *Farmer* Where Residing if not at place of death

~~Married, Single~~ *Single* Name of Wife or Husband

Father's Name *David Martin* Father's Birthplace *Mod*

Mother's Maiden Name *Annie Koontz* Mother's Birthplace *Mod*

Name of person giving information *J A Martin* How related to deceased *Brother*

## CAUSES OF DEATH

Primary

How long

*154*

Immediate

How long

*old age*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*W B Irvine M.D.*

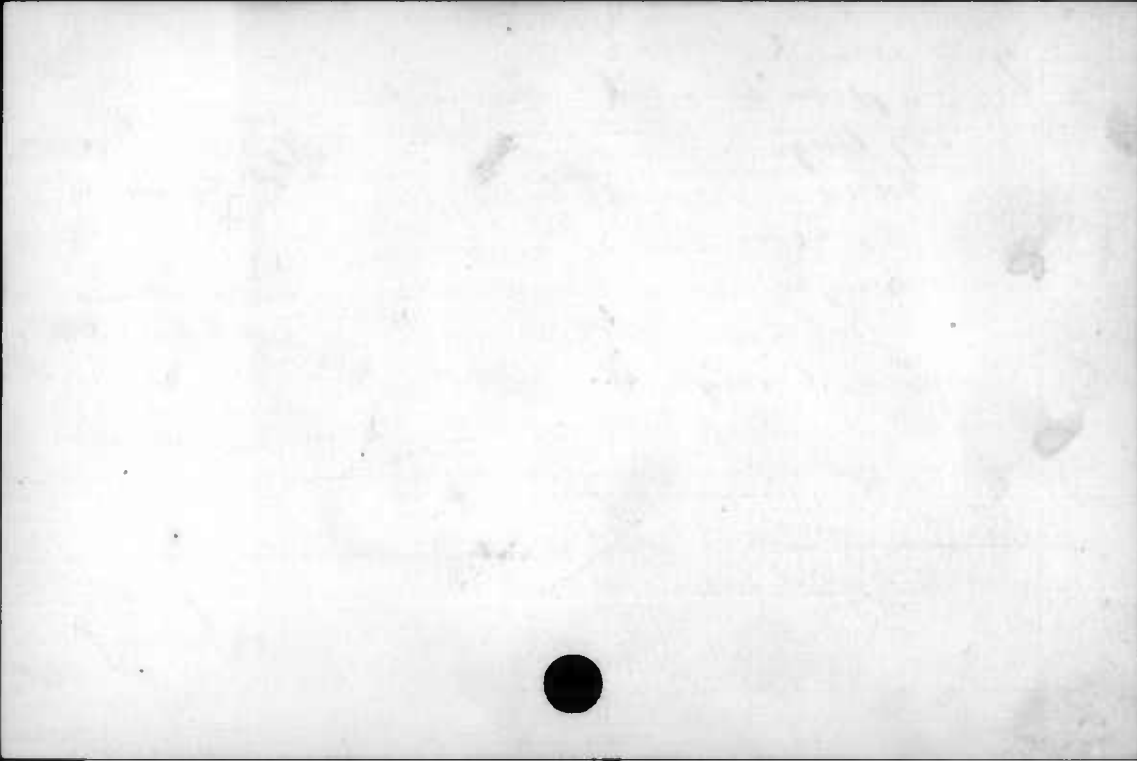
Address

*Tanysville*

Accident or Suicide?



Name in Full <b>Joshua R. Milburn</b> ✓		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Springfield Hospital</b> Town <b>Carroll</b> County		MARYLAND
	Date of death <b>1907 Aug. 22</b>	Month <b>Aug.</b> Day <b>22</b> Age <b>64</b> Years	Months <b>Unknown</b> Days <b>Unknown</b>
	Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Delaware</b>
	Occupation <b>Laborer</b>	Where Residing if not at place of death	
	Married, Single or Widowed <b>Single</b>	Name of Wife or Husband	
	Father's Name <b>Joshua Milburn</b> ✓	Father's Birthplace <b>Unknown</b>	
	Mother's Maiden Name <b>Debrough Townsend</b>	Mother's Birthplace <b>"</b>	
Name of person giving information <b>Hospital records</b>		How related to deceased	
		<div>CAUSES OF DEATH</div> <div>40</div>	
PHYSICIAN OR CORONER	Primary <b>Carcinoma of Stomach</b>	How long <b>Unknown</b>	
	Immediate <b>Exhaustion</b>	How long <b>Progressive</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Chas. J. Carey</b>	
		Address <b>Sykesville Md.</b>	
	Accident or Suicide? <b>No</b>		



Name  
in  
Full

Dorrie Viola Miller

## CERTIFICATE OF DEATH

4

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Middleburg, Md.* <sup>Town</sup> *Corroce* <sup>County</sup>

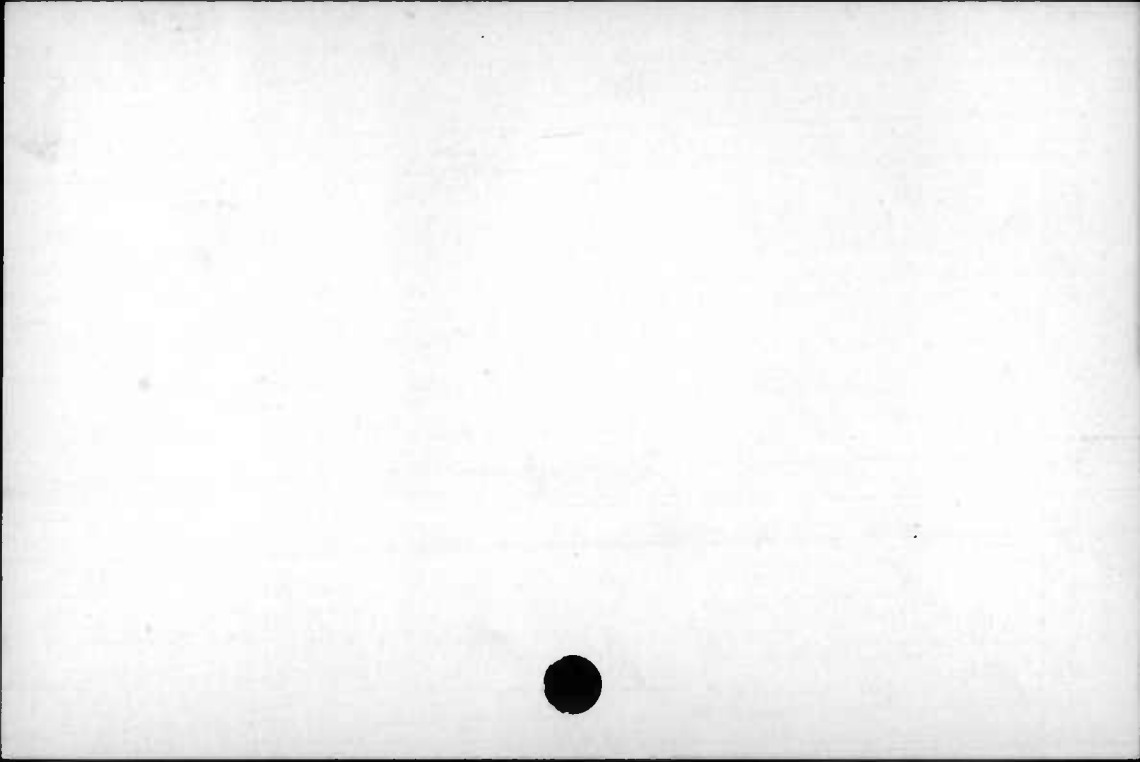
MARYLAND

Date of death 1907 <sup>Month</sup> *Aug* <sup>Day</sup> *3* <sup>Years</sup> *19* <sup>Months</sup> *7* <sup>Days</sup> *29*Sex *Female* Color or Race *white* Birth-place *Thermont, Md.*Occupation *none* Where Residing if not at place of death *at place of death*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Edmund A. Miller* Father's Birthplace *Thermont, Md.*Mother's Maiden Name *Mary Magdalena Coleman* Mother's Birthplace *Deluxburg, Md.*Name of person giving information *Mary Mc Coleman* How related to deceased *Mother*

## CAUSES OF DEATH

127

Primary *Tuberculosis* How long *2 years*Immediate *Heart Failure* How long *1 hour*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *C. H. Miller*Address *Deluxburg, Md.*Accident or Suicide? *No*



Name  
in  
Full

229

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

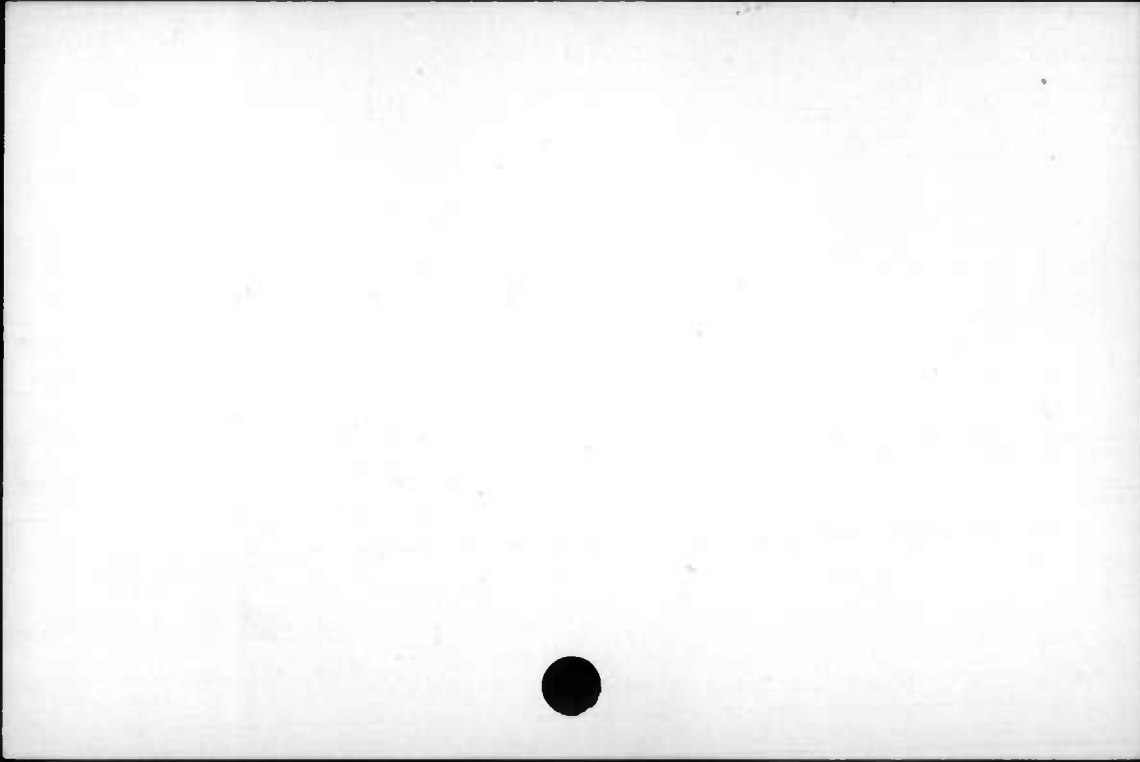
Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>August</i>	Day <i>15<sup>th</sup></i>	Years <i>62</i>	Months <i>5</i>	Days <i>26</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Williamsport, Pa.</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>Westminster, Md.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Joseph Morrison Newson</i>	Father's Birthplace <i>Jefferson Co., Va.</i>				
Mother's Maiden Name <i>Margaretta Dorey</i>	Mother's Birthplace <i>Pa.</i>				
Name of person giving information <i>Clara P. Lushington</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease</i>	How long <i>5 Years</i>
Immediate <i>Dropsy</i>	How long <i>6 Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. H. Billingham M.D.</i>
	Address <i>Westminster Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
FullCatharine Ann Newman  
York Road. Carvers

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

1907

Month

Aug

Day

24

Age

Years

80

Months

0

Days

9

Sex

Female

Color or  
Race

White

Birth-  
place

Middleburg, Md.

Occupation

Retired

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widow

Name of Wife or  
Husband

Widow of. Thos. Newman

Father's  
Name

John Angel

Father's  
Birthplace

Duncortown, Md.

Mother's  
Maiden Name

Susan Beffington

Mother's  
Birthplace

"

4

Name of person giving  
Information

Mrs. Jennie Coven

How related  
to deceased

Daughter

## CAUSES OF DEATH

10

Primary

Disease of throat &amp; Lungs -

How long

8 Mos.

Immediate

Dropsy &amp; throat failure

How long

2 Mos.

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

C. H. Miller

Address

Belton -  
Md.

Accident or Suicide?

No -

PHYSICIAN  
OR CORONER



Name  
in  
Full

Catherine Adele Null

No 227  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westminster</u> <sup>Town</sup>		<u>Carroll</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u> <sup>Year</sup>	<u>Aug</u> <sup>Month</sup>	<u>3</u> <sup>Day</sup>	Age <u>10</u> <sup>Years</sup>	<u>10</u> <sup>Months</sup> <u>10</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Prigellburg</u>		
Occupation <u>None</u>	Where Residing if not at place of death <u>Prigellburg</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Luther B. Null</u>	Father's Birthplace <u>Prigellburg</u>				
Mother's Maiden Name <u>Bertha C. Kester</u>	Mother's Birthplace <u>Pleasant Valley</u>				
Name of person giving information <u>Luther B. Null</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

Primary	<u>Dysentery</u>	How long	<u>5 days</u>
---------	------------------	----------	---------------

Immediate	<u>Cholera Infantum</u>	How long	<u>18 hrs</u>
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Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Chas. R. Foutz M.D.

Address

Westminster  
Md.Accident or Suicide? —

St Benjamin's Cemetery  
St Louis

Name  
in  
Full

Ralph Ernest Hull

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Frazzelsburg <sup>County</sup> Md Carroll

MARYLAND

Date of death 1907 Aug 23 Age            Years 4 Months 19 Days

Sex Male Color or Race Caucasian Birth-place Frazzelsburg Md

Occupation none Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband John Hull Mrs

Father's Name John Hull Father's Birthplace Frazzelsburg Md

Mother's Maiden Name Virginia Sheets Mother's Birthplace

Name of person giving information John Hull How related to deceased Father

## CAUSES OF DEATH

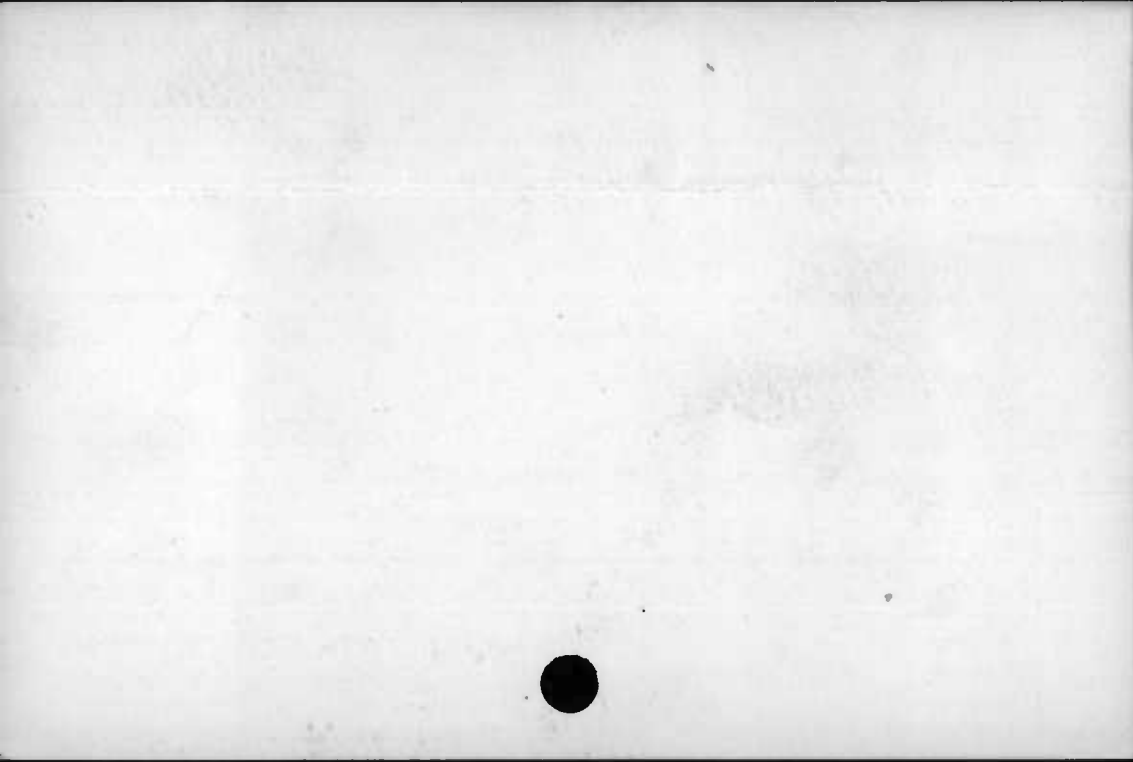
105

Primary ~~convulsions~~ Enterocolitis How long 9 days

Immediate Convulsions How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Mrs. B. B. Wistmiller Md Address Wistmiller Md

Accident or Suicide? no



Name  
in  
FullStill born no name *Ohler*

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fancy Town</i>		County <i>Harroll</i>		MARYLAND	
Date of death	1907	Month	Aug	Day	5
Age	Years		Months		Days
Sex	<i>M</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Ind</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>John W. Ohler</i> (S)		
Mother's Maiden Name			<i>Rose Steffen</i>		
Name of person giving information			<i>Christine me</i>		
Father's Birthplace			<i>Ind</i>		
Mother's Birthplace			<i>Ind</i>		
How related to deceased			<i>me</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	(S)	How long	—
Immediate	<i>Still born</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>L. Brinnie</i>
		Address	<i>Fancy Town Ind.</i>
Accident or Suicide?	<i>No</i>		



Name  
in  
Full

Eugene E. Pool

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

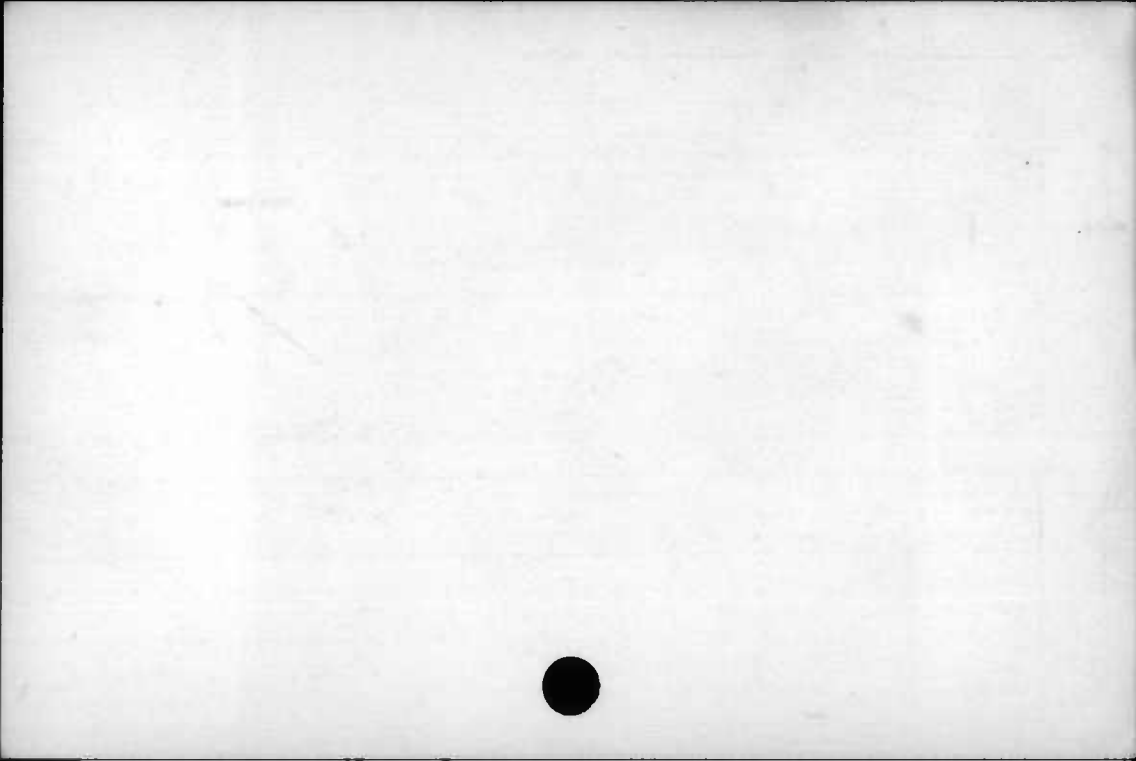
Died at <i>Putney</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>15</i>	Age <i>—</i>	Months <i>4</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White American</i>		Birth-place <i>Frederick Md</i>		
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
<i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James Pool</i>			Father's Birthplace <i>Carroll Co</i>		
Mother's Maiden Name <i>Helen Clary</i>			Mother's Birthplace <i>Putney Md</i>		
Name of person giving information <i>James Pool</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

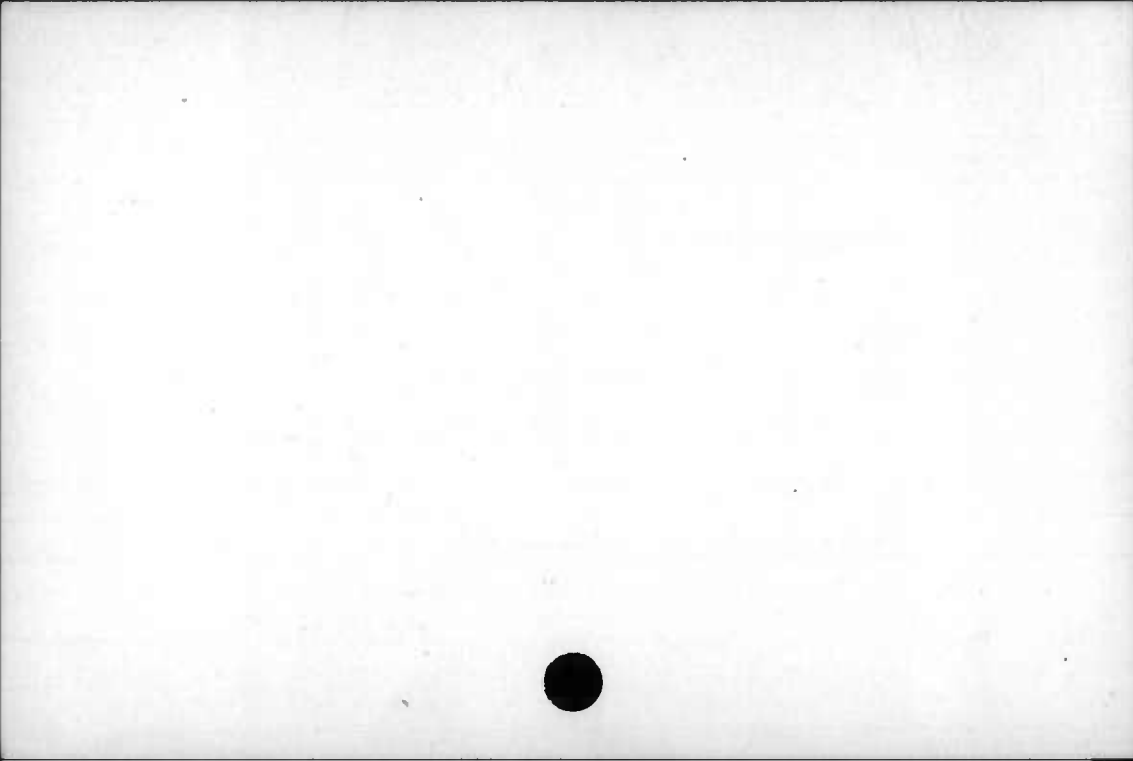
Primary <i>Cholera Infantum</i>	How long <i>5 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. E. Gaver</i>
	Address <i>Putney Md</i>
Accident or Suicide?	



TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

60

Name in Full <i>Joseph M. Beaver</i>		CERTIFICATE OF DEATH	
Died at <i>Longville</i> Town		County <i>Carroll</i>	
Date of death <i>1907</i> Month <i>8</i> Day <i>8</i>		Age <i>61</i> Years Months <i>8</i> Days <i>6</i>	
Sex <i>Male</i>		Color or Race <i>White</i>	
Occupation <i>Farmer</i>		Birth-place <i>Mad</i>	
Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ann B. Beaver</i>	
Father's Name <i>Washington Beaver</i>		Father's Birthplace <i>Unkymun</i>	
Mother's Maiden Name <i>Rebecca Bowers</i>		Mother's Birthplace <i>Mad</i>	
Name of person giving information <i>A Rebecca Beaver</i>		How related to deceased <i>Wife</i>	
CAUSES OF DEATH			
Primary <i>Tuberculosis - Throat</i>		How long <i>2 years</i>	
Immediate <i>11. Genl Infection</i>		How long <i>6 months</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Charles E. Roop</i>	
		Address <i>Taneytown Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Annie Rebecca Reese

237  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westminster</u> <sup>Town</sup>		<u>Carrall</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u>	Month	<u>August</u>	Day	<u>29</u>
Age		<u>38</u>	Years	<u>9</u>	Months
Days		<u>15</u>			
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Carrall Co Md</u>
Occupation	<u>Housekeeper</u>		Where Residing if not at place of death <u>Home</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>David Reese</u>		<u>(head)</u>		
Mother's Maiden Name	<u>Mary Burns</u>		<u>(head)</u>		
Name of person giving information	<u>Andrew Reese</u>		How related to deceased <u>Brother</u>		

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<u>Valvular disease of Heart</u>	How long	<u>6 years</u>
Immediate	<u>Heart Failure</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. Gorman M.D.</u>	
		Address <u>Westminster</u>	
Accident or Suicide?			

St Benjamins cemetery  
Stones

Name  
in  
Full

Mary Reutzel ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

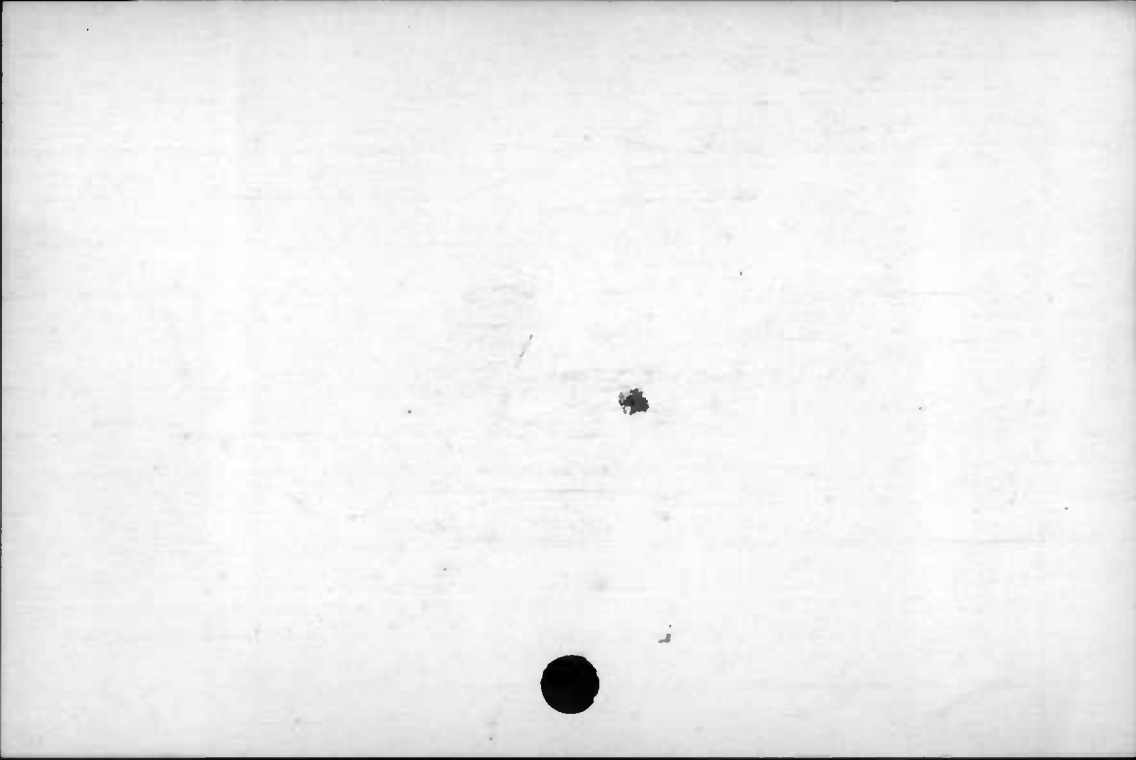
Died at <u>Brunswick</u> <small>Town</small>		<u>Carver</u> <small>County</small>		MARYLAND	
Date of death <u>1907 Aug</u> <small>Month</small>	<u>24</u> <small>Day</small>	Age <u>49</u> <small>Years</small>	<u>7</u> <small>Months</small>	<u>22</u> <small>Days</small>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Obadiah C. Reutzel</u>				
Father's Name <u>William Helm</u>	Father's Birthplace <u>Manchester PA</u>				
Mother's Maiden Name <u>Sarah Helm</u>	Mother's Birthplace <u>Keppsville Md</u>				
Name of person giving information <u>John Reutzel</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

Primary <u>Cancer of uterus</u>	How long <u>2 yrs -</u>
Immediate <u>Uterine hemorrhage</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. M. Green</u>
	Address
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Grillburg		County Corralle		MARYLAND		
Date of death		1907	Month Aug	Day 17	Age 73	Years 7	Months 4	Days 9
Sex Male		Color or Race White		Birth-place Corralle co				
Occupation Physician				Where Residing if not at place of death				
Married, Single or Widowed Widowed		Name of Wife or Husband Margaret-Ruehport						
Father's Name John Ruehport		Father's Birthplace Bachman Valley						
Mother's Maiden Name Margaret-Maver		Mother's Birthplace Hunterstown Pa						
Name of person giving information H. Ruehport		How related to deceased Son.						

## CAUSES OF DEATH

How long

3 days

How long

Primary

Paralysis

Immediate

Are the name, age, sex, color, date and place correctly given above?

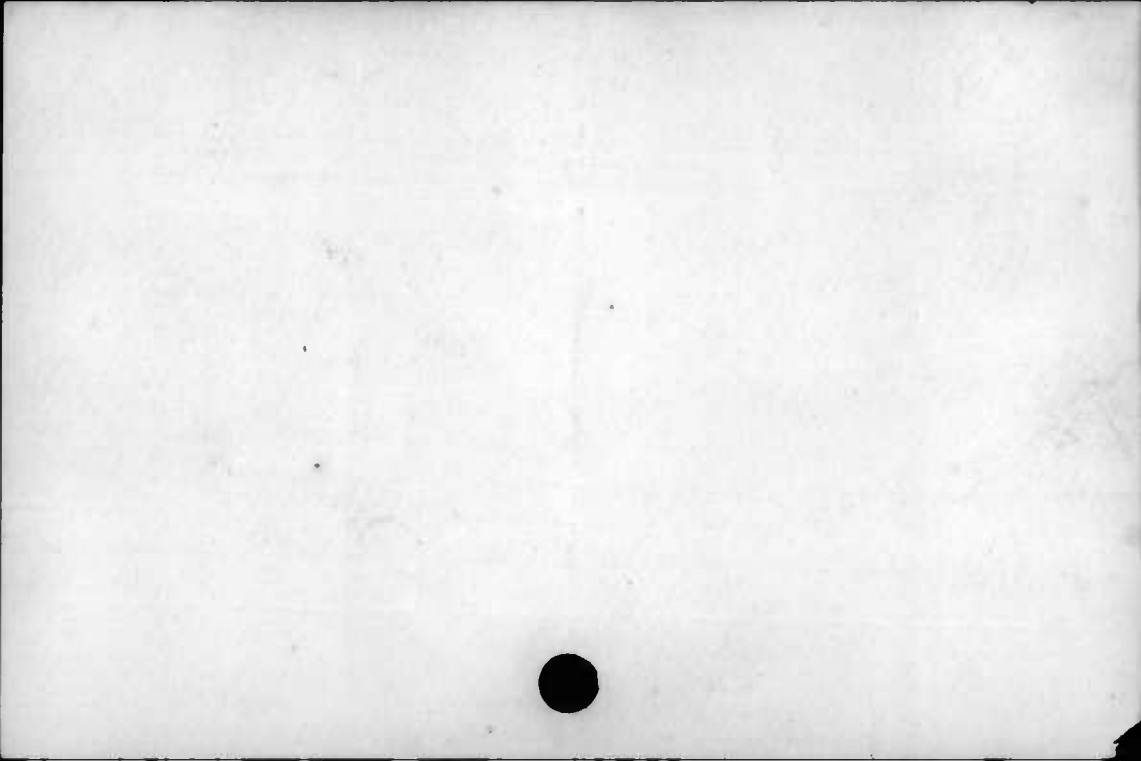
yes

Signature of Physician

Address

M L Bött  
Wichman Md.

Accident or Suicide?



Name  
in  
Full

Hilda Irene Ruthrauff

235

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Westminster Carroll County MARYLAND

Date of death: 1907 Aug 23 Age — Years — Months 7 Days 15

Sex Female Color or Race white Birth-place Md.

Occupation none Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —

Father's Name Peter M. Ruthrauff Father's Birthplace Md.

Mother's Maiden Name Fannie M. Blair Mother's Birthplace Md.

Name of person giving information Peter M. Ruthrauff How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Edema, chlorosis 105 How long 4 weeks

Immediate Chorea - convulsions How long 48 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Chas. R. Foulk

Address Westminster, Md.

Accident or Suicide? —

St Benjamins Cemetery  
Stones,

Name  
in  
Full

## CERTIFICATE OF DEATH

James Levi Shaffer

Town

County

MARYLAND

Died at

Hampstead

Carroll

Date

1907

Month

8.

Day

18

Age

Years

12

Months

7

Days

20

Sex

Male

Color or  
Race

White

Birth-  
place

Hampstead, Md

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

W. F. Shaffer

Father's  
Birthplace

Hampstead, Md

Mother's  
Maiden Name

Mary E. Patterson

Mother's  
BirthplaceName of person giving  
Information

Mary E. Shaffer

How related  
Deceased

Mother

## CAUSES OF DEATH

118

Primary

Gangrenous Appendicitis

How long

4 days

Immediate

Gen. Peritonitis

How long

12 hrs

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Edgar M. Brush

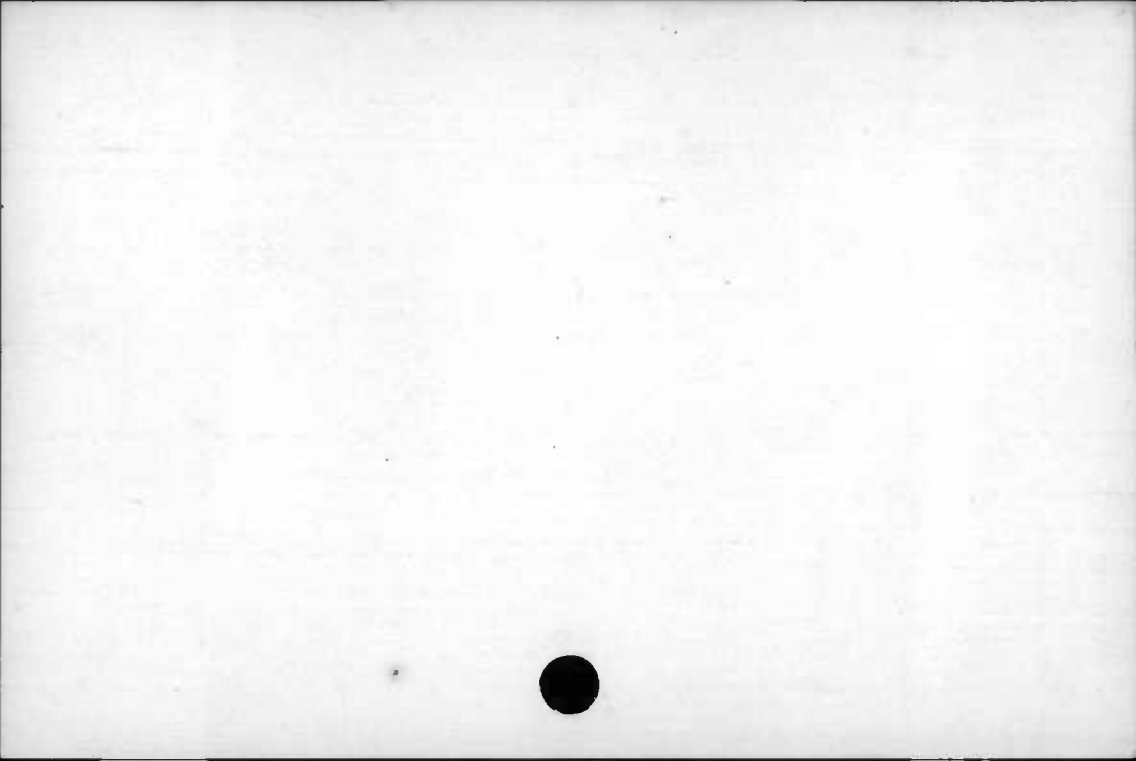
Address

Hampstead, Md

Accident or Suicide?

/

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

John S Shoemaker

## CERTIFICATE OF DEATH

Died in <sup>Town</sup> B + O R R East of Mt Airy <sup>County</sup> Carroll

MARYLAND

Date of death 1907 <sup>Month</sup> Aug <sup>Day</sup> 10 <sup>Age</sup> 57 <sup>Years</sup> <sup>Months</sup> — <sup>Days</sup> —Sex Male <sup>Color or Race</sup> White American <sup>Birth-place</sup> Frederick CoOccupation Farm laborer <sup>Where Residing if not at place of death</sup> near Woodbine Md<sup>Married, Single or Widowed</sup> <sup>Name of Wife or Husband</sup> —<sup>Father's Name</sup> Daniel Shoemaker <sup>Father's Birthplace</sup> Fredk Co<sup>Mother's Maiden Name</sup> Elizabeth Boon <sup>Mother's Birthplace</sup> Fredk. Co<sup>Name of person giving information</sup> Thomas Shoemaker <sup>How related to deceased</sup> Brother

## CAUSES OF DEATH

164

<sup>Primary</sup> Fractured Skull <sup>How long</sup> immediate death<sup>Immediate</sup>

Are the name, age, sex, color, date and place correctly given above?

Yes

<sup>Signature of Physician</sup>

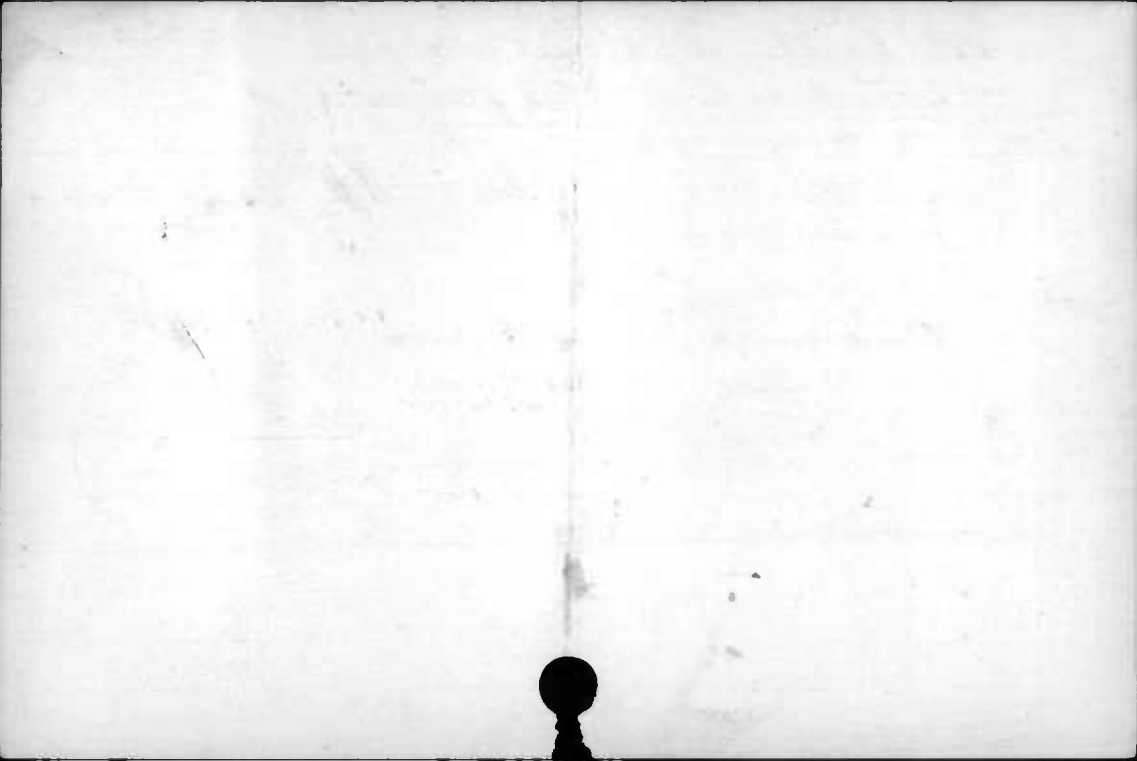
W. E. Gaver

<sup>Address</sup>

Mt Airy Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Melville E. Simonson

230

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

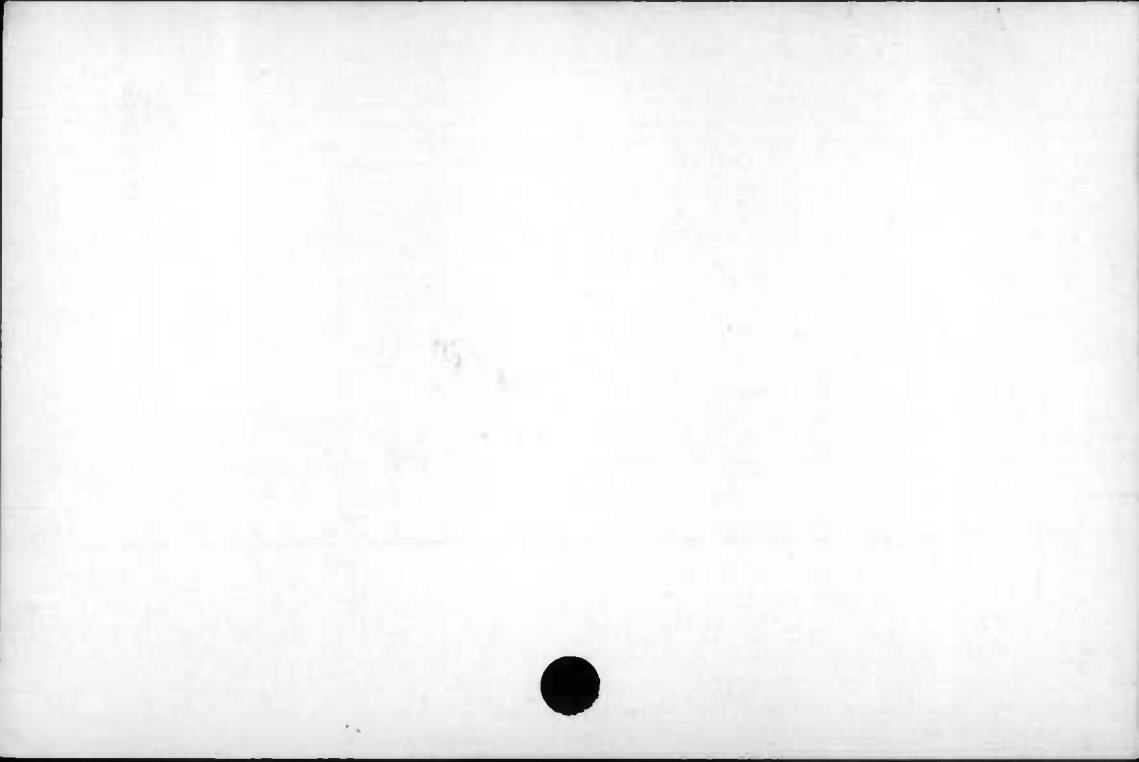
Died at <u>Westminster</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death	1902	Month	Aug	Day	16
Age	—		Years	8	Months
Sex	Female		Color or Race	White	
Occupation	—		Birth place	Maryland	
Where Residing if not at place of death			—		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Hashabia Simonson		Father's Birthplace	Md	
Mother's Maiden Name	Grace Shufley		Mother's Birthplace	11	
Name of person giving information	Grace Simonson		How related to deceased	Mother	

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<u>Cholera infantum</u>	How long	<u>3 weeks</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>E. M. Sullivan</u>
		Address	<u>Westminster, Md</u>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Uniontown</i>		Town <i>Uniontown</i>		County <i>Cornell</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Aug</i>	Day <i>31</i>	Age <i>60</i>	Years <i>60</i>	Months <i>5</i>	Days <i>28</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Chas. A. Little</i>					
Father's Name <i>Fritz R. Schitzman</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Sophy Schultze</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Husband</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

66

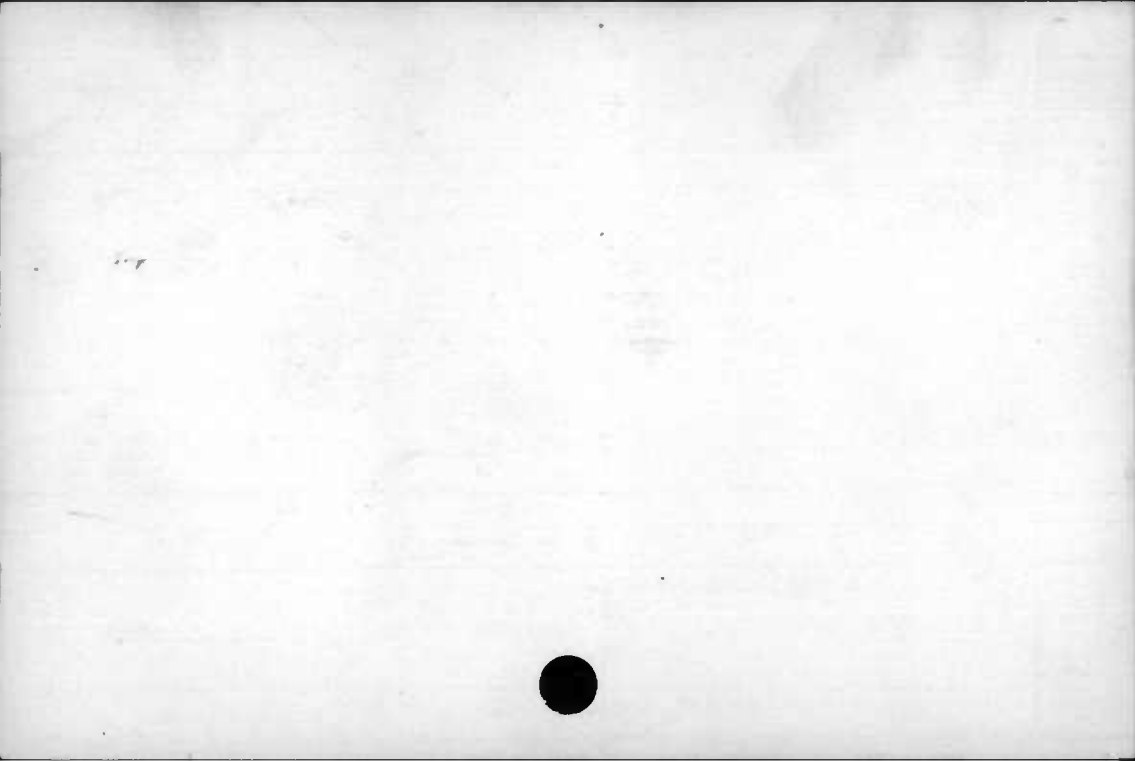
PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>4 mos. 30 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. D. [Signature]</i>
	Address <i>Union Bridge, Md.</i>
Accident or Suicide?	

Remade at  
Humble's Church -

H. H. Hume

Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Springfield Hospital</u> <u>Carroll</u> County		MARYLAND		
		Date of death <u>1907 Aug 9</u>	Month <u>Aug</u> Day <u>9</u> Years <u>56</u>	Months <u>    </u>	Days <u>    </u>	
		Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore-Md.</u>		
		Occupation <u>Clerk</u>	Where Residing if not at place of death <u>Springfield Hospital</u>			
		Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>    </u>			
		Father's Name <u>Frederick Wasmuth</u>	Father's Birthplace <u>Germany</u>			
		Mother's Maiden Name <u>Catherine Loeffler</u>	Mother's Birthplace <u>Germany</u>			
Name of person giving information <u>W. H. Wasmuth</u>		How related to deceased <u>Brother</u>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <u>Delusional Insanity &amp; H</u>	How long <u>2 months</u>			
		Immediate <u>Exhaustion from Mal Nutrition</u>	How long <u>    </u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Newton H. Hershner M.D.</u>			
			Address <u>Springfield Hospital</u> <u>Sykesville, Md.</u>			
		Accident or Suicide? <u>    </u>				



Name  
in  
Full

Mary-Caparro Weinberg

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

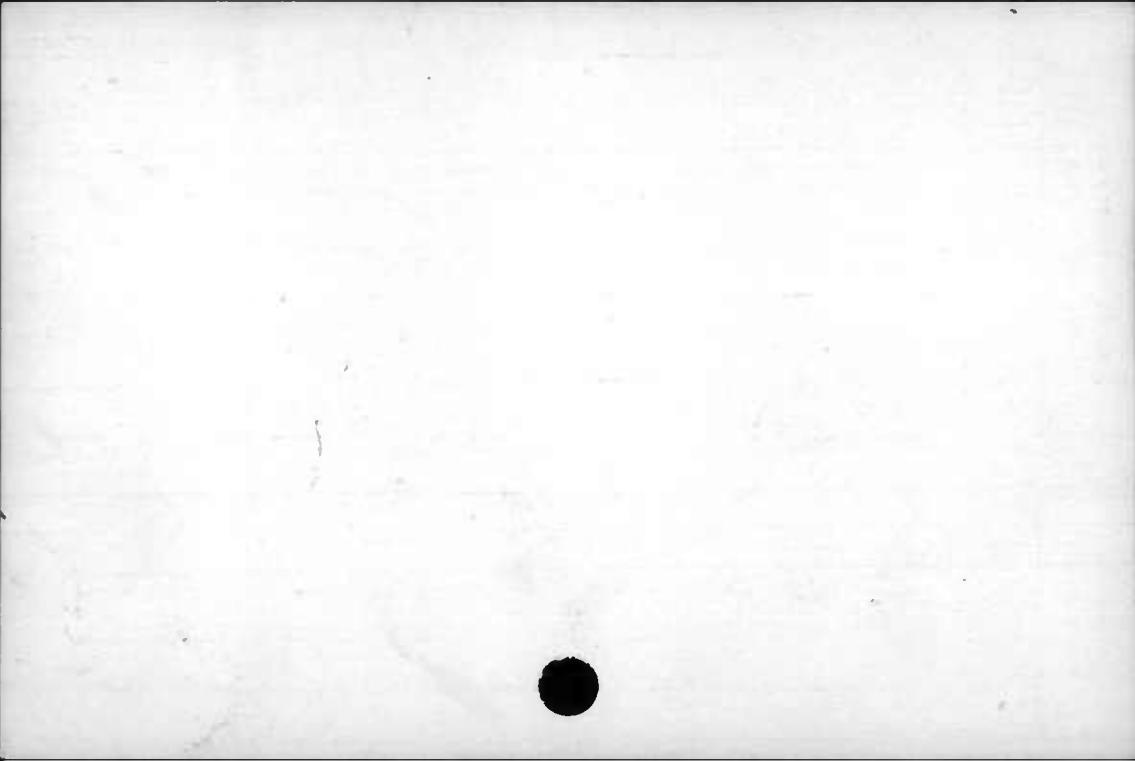
Died at		Town Mt. Airy		County Carroll		MARYLAND				
Date of death		190	Month August	Day 15 <sup>th</sup>	Age	Years	Months Six	Days		
Sex		Female		Color or Race		White		Birth- place	Sumter S.C.	
Occupation				Where Residing if not at place of death				Baltimore		
Married, Single or Widowed				Name of Wife or Husband						
Father's Name				A. Weinberg				Father's Birthplace		Wanning S.C.
Mother's Maiden Name				A. H. Nelson				Mother's Birthplace		Camden S.C.
Name of person giving In formation				S.C. Thomason				How related to deceased		Cousin

## CAUSES OF DEATH

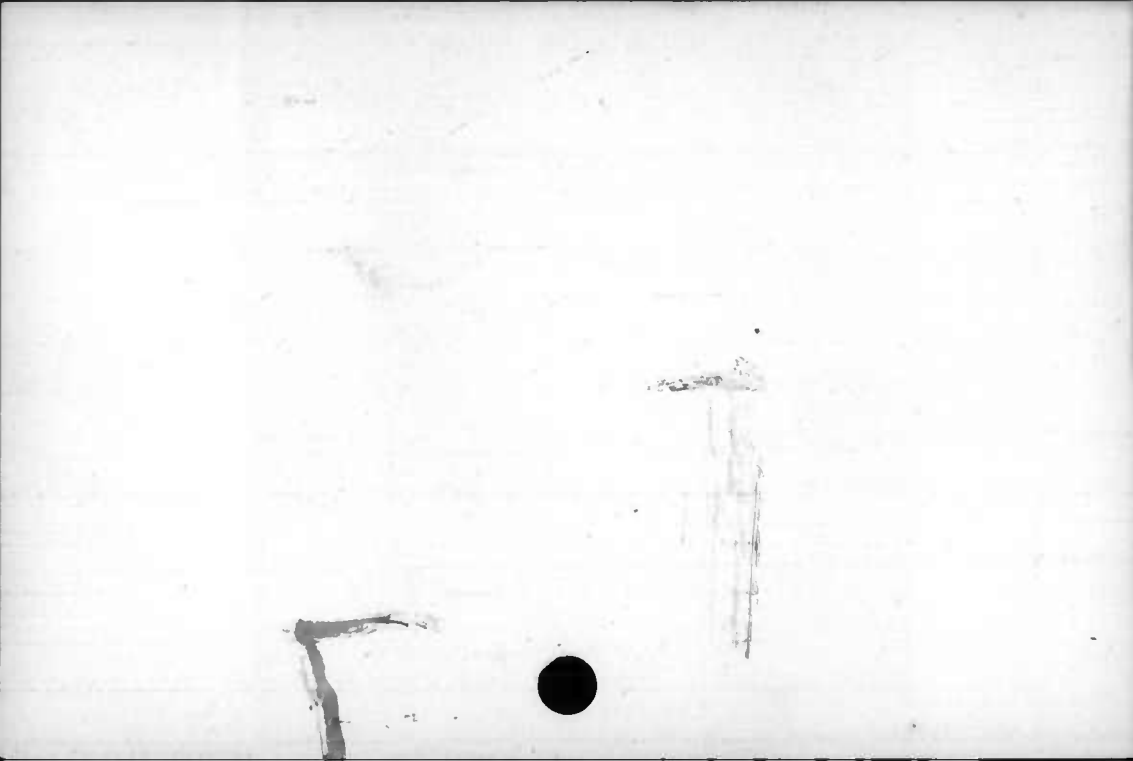
105

PHYSICIAN  
OR CORONER

Primary	Appendicitis	How long	four weeks
Immediate	Typhoid	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Address	
		Walter B. Pratt	
Accident or Suicide?		Mt. Airy or Baltimore	



Name in Full		WILBUR ELSWORTH WELSH				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town woodbine		County Carroll		MARYLAND
	Date of death	1907	Month Aug	Day 22	Age	Years	Months 7
	Sex	Male		Color or Race	white		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	William Welsh				Father's Birthplace	woodbine Md.
	Mother's Maiden Name	Emma Harden				Mother's Birthplace	Sykesville Md.
Name of person giving information	William Welsh				How related to deceased	Father	
<div>CAUSES OF DEATH</div> <div>105</div>							
PHYSICIAN OR CORONER	Primary		Gastro - Enteritis			How long	3 months
	Immediate					How long	"
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	E D Crank	
					Address	Winfield Carroll Co	
	Accident or Suicide?						



Name in Full		Elsie Hanna Wolf				234		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Smallwood		County		MARYLAND		
		Date of death		1907	Month	Aug	Day	23	Years	1
		Sex		Female		Color or Race		White		
		Birth- place		Md		Months		9		
		Days		24		Where Residing if not at place of death				
Occupation										
Married, Single or Widowed		Single		Name of Wife or Husband						
Father's Name		Geo Wolf		Father's Birthplace		Md				
Mother's Maiden Name		Lillie Wiener		Mother's Birthplace						
Name of person giving In formation		George Wolf		How related to deceased		Father				
		CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Gastro - Enteritis		How long		4 days		
		Immediate		Cholera Infantum		How long		1 "		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E D Brink		
				Address		Winfield		Carroll Co		
		Accident or Suicide?								

Heer Park cemetery  
Stoum

III

2

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Still Born* *Wilmington*

Town *Wilmington* County *Carroll* MARYLAND

Died at *Wilmington*

Date of death *1907 Aug 17* Age *Years Months Days*

Sex *Male* Color or Race *white* Birth-place *Ind*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Vincent Youngling (decd)* Father's Birth-place *Ind*

Mother's Maiden Name *Sarah L. Fendley* Mother's Birth-place *Ind*

Name of person giving information *Sarah L. Youngling* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Premature* (S) How long *6 weeks*

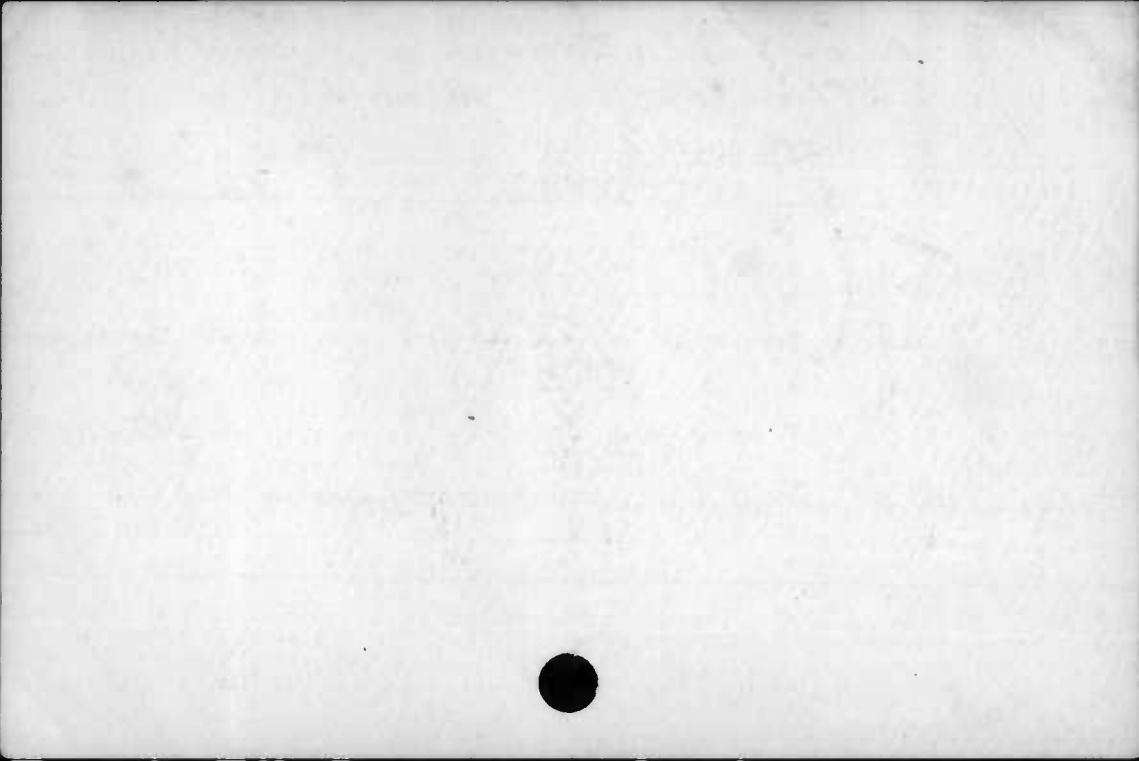
Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas. R. Foutz*

Address *Wilmington Ind*

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full235  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1901</i>	Month <i>Aug</i>	Day <i>27</i>	Age —	Months <i>4</i> Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>		Where Residing if not at place of death —	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband —				
Father's Name <i>Orvil C Jeffs</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>"</i>		
Mother's Maiden Name <i>Virgie Steen</i>	Name of person giving information <i>Virgie Jeffs</i>		How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>2 months</i>
Immediate <i>Heart Failure</i>	How long —
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>T. J. Boonam M.D.</i>
	Address <i>Westminster</i>
Accident or Suicide? —	

Shaner

Western Canada.